

They might tell you if..... Factors influencing a trainee psychologist's information-sharing during supervision

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Thesis Abstract

This thesis concentrates on factors influencing the trainee psychologist's information-sharing in supervision sessions as growing evidence indicated that as many as 97.2% of trainees consciously withhold information from their supervisors. This thesis is divided into two sections. The first section contains a journal paper that is ready for submission. The second section, an extended paper, is to be read in conjunction with the journal paper and details information relevant to the research area that could not be presented within the journal paper.

The journal paper concentrates on the main literature about non-disclosure in supervision and highlights the gap which this thesis aims to fill. In order to build a theory about information-sharing in supervision Grounded theory embedded within a theory-building case study research design was used to analyse the video-recordings of supervision sessions. The results of analyses showed that factors underpinning information-sharing could be grouped into those attributable to the supervisor and those attributable to the supervisee and could also be divided between those that promote information-sharing, hinder information sharing and those that have a dynamic role in information-sharing. Owing to limited space, however, the results section of the journal paper focuses mostly on factors that were found to have a dynamic role in information-sharing and these results are discussed in connection with the main literature.

The extended paper sets the aim of this research project against a wider literature background about supervision in general and non-disclosure specifically. It offers additional information about the methodology and the process of analyses, and also includes discussion about the choice of methodology, more detailed reflections and a description of memo-writing. The results section concentrates on factors that were found to promote and hinder information-sharing attributable to both supervisor and supervisee. Also presented is the first draft of more generic and abstract theory about intentions and information-sharing that was extrapolated from the data and needs to be further elaborated and tested in further research. In addition, the information gained from the analyses of supervision logs is presented. The

results section also contains details about a residual category that was formed from three codes not used in final analyses. The discussion therefore relates to the data presented within the extended paper only.

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Statement of contribution

The author, Zuzana Rothlingova, contributed to project design, application for ethical approval from both the university and the relevant research and development department, and performed the literature search. The author also recruited the participants, collected the data and performed the analyses and written all parts of this thesis.

The research supervisor, Thomas Schröder, contributed to the project design and offered advice and guidance on the analyses and final write-up of the thesis.

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List of abbreviations

BPS.....	British Psychological Society
DClinPsy.....	Doctorate in Clinical Psychology
Dnc.....	Did not consent
CSRD.....	Case Study Research Design
LASS.....	The Leeds Alliance in Supervision Scale
NHS.....	The National Health Service
R&D.....	Research and Development
Se.....	Supervisee
Sr.....	Supervisor
TBCSD.....	Theory-building case study design
WAI.....	The Working Alliance Inventory

Systematic Literature Review

Systematic review of published theory-building single case studies within psychology and psychotherapy over the past 20 years¹.

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Abstract

Case study research design is largely useful when the studied phenomenon cannot be separated from its context. History has shown us that the majority of psychological theories were born in clinical practice. Consequently, choosing this method of investigation can be particularly useful for building theories. However, the case study has been subjected to criticism relating to both its rigour and its limitations. Therefore, the aim of this systematic review was to evaluate the utilisation and rigour of theory-building single case study research design published within clinical and counselling psychology or psychotherapy literature over the past 20 years.

Electronic databases and library catalogue were searched to identify relevant primary research evidence. The resulting studies were screened based on eligibility criteria and seven studies were selected for evaluation. The findings of these studies showed that case studies were carried out with a good level of validity and reliability. Study procedures corresponded well with the recommended stages of building theory. The most obvious

¹ This systematic literature review was written for "Counselling and Psychotherapy Research" journal

shortcomings identified were the poor description of case selection in some of the studies and a lack of reflexivity. Further, identifying gaps in the theory and refinement of the theory were steps that were not clearly referred to within the majority of the included case studies.

Consequently, this review recommends that greater attention is paid to these identified aspects when conducting and reporting case studies. Future systematic reviews could evaluate the utilisation of multiple case study designs, either generically or with the aim of synthesising knowledge in certain subject areas.

Keywords: single case study, systematic review, theory

Introduction

Case study research design (CSRD) has been available within psychology and psychotherapy for decades. However, it is only relatively recently that specific guidelines have been published. Specifically, Yin published the first edition of his book “Case Study Research Design and Methods” in 1989 (Yin, 1989). Since then, further publications have been available (Dunbar, 2005; Gillham, 2000; Hammersley, Foster, & Gomm, 2000; McLeod, 2010). However, a critical appraisal of the utilisation of this research design is lacking. A systematic review offers such a methodical and a priori established process of selection and evaluation of all relevant studies identified within its scope (Papworth & Milne, 2001).

What is a case study?

Case study is a research method which is useful when the studied phenomenon cannot be separated from its context, in order to understand it entirely (Baxter & Jack, 2008; Gillham, 2000; Yin, 2009). CSRD bridges the gap between research and practice and contributes to the development of evidence-based practice and practice-based evidence (Edwards, 2007).

Case studies have endured some criticism over time and at some points were pushed out of mainstream psychological research methods (Toomela, 2007). However, this criticism is not always firmly grounded (Flyvbjerg, 2006). CSRD has the ability to employ scientific rigour. It often utilises mixed methodology, evaluating both quantitative and qualitative data, and allowing triangulation. Therefore, the construct validity of the case study can be increased by using multiple sources of evidence and establishing a chain of evidence (Yin, 2009). Internal validity can be enhanced via clear and evidence-based explanation building. The external validity of case studies relates to theoretical generalisation. Finally, the reliability of this method is promoted via the use of case study protocol, building a data base and showing a clear chain of evidence of analysis that would allow replication (Yin, 2009).

Based on a number of the cases explored, there are two main types of case study: multiple and single (Yin, 2009). The important distinction from multiple case studies is that within single case studies the emphasis is on the understanding of the case as one whole entity, rather than successive analyses of various individual cases (Gillham, 2000). There are two main types of single case studies. 1) The holistic single case study concentrates on exploration of the case as a whole indivisible entity. 2) The embedded single

case study also concentrates on one case but includes more than one unit of analysis in order to understand that case (Yin, 1994). A case can be one individual or it can be a group, office, institution, etc. Based on the aim of the case study, various sub-types have been identified, for example pragmatic, narrative or theory-building case studies (McLeod, 2010). It is the latter to which the aim of this systematic review relates.

What is theory?

Theory represents a system of concepts organised into various levels of abstraction, and which in some way reflects aspects of the world (McLeod, 2010). Theory is a mnemonic tool that allows the passing on of knowledge. It can be generalised across situations, whereas facts or data are context-dependent. Often it is the theory which survives time, not the data the theory has been build upon (Guthrie, 1946).

Overall, there seem to be two main philosophical positions that have had an impact on the development of mainstream psychological theory. These are scientific realism and scientific instrumentalism (Cacioppo, Semin, & Berntson, 2004).

Psychological theories influenced by scientific realism seek to identify the ultimate truth and describe the world as it is. Positivism is one branch of this scientific realism and it posits that truth needs to be established from the accumulation of facts and applications of logic. Typical examples of this can be found in behavioural theories on conditioning (Cacioppo et al., 2004). The contribution that positivism made to psychological theory is that it stressed that theory needs to be amenable to empirical verification. The disadvantages

of positivism may lie in its main principle of discovering one ultimate truth (Cacioppo et al., 2004).

Scientific instrumentalism proposes that theories offer intellectual structures and predictions of observed phenomena and offer frameworks for problem solving. These observed phenomena can be described in more abstract terms and do not have to be representations of actual structures in the world. The main characteristic of the theory is its ability to present explanations, rather than arrive at ultimate and tangible truths. As such, theories are more open to criticism and further elaboration, creativity and integration. The validity of the theory may be limited to a specific context rather than generalisation across settings (Cacioppo et al., 2004).

In terms of CSRD focusing on theory, it is the notion of theory being a set of ideas that offers predictions that is relevant to its aim (McLeod, 2010). Theory-building case study design aims to describe the observed phenomenon in abstract terms. It acknowledges that there is not one ultimate truth and that successive research is likely to capture slightly different angle of the phenomenon, thus elaborating our understanding of it (McLeod, 2010).

Theory-building case study design (TBCSD)

The intention of a TBCSD is to establish a degree of correspondence between the theory and the case material (McLeod, 2010). Any theory starts as an idea. Applying this idea to cases and searching for better understanding of the idea or theory through the explorative work is what establishes the building of theory (McLeod, 2010). History has shown us that a majority of theories and ideas come from real life experiences and practices (McLeod,

2010). Successive steps are involved in TBCSD and McLeod (2010) specifies the following:

- Developing a theoretical starting-point: identification of a gap in the knowledge and formation of some theoretical concepts recognised in practice, literature or discussion with experts. The idea is then explored within the case.
- Selection of a case: needs to be purposive, as the case has to be able to provide relevant data.
- Construction of a rich case record: often consists of different data sources relevant to theory.
- Immersion in the case: needs to be discovery-orientated. Immersion includes reading and re-reading of data. Immersion helps to let go of any pre-conceived ideas.
- Applying theory to the case: conducting theoretical analysis of data using either quantitative, qualitative or mixed methods.
- Identifying gaps in the theory: applying the case to the theory and clarifying whether the theory represents the case accurately and whether there are any unexplained aspects.
- Refining the theory: the aim is to amend the theory so it also accounts for the missing aspects identified in previous stages.
- Testing the revised version of the theory against further cases: this step applies to multiple-case study design.

In addition to these stages, Eisenhardt (1989) also proposes comparison and integration of the theory with wider existing literature.

In conclusion, TBCSD has great potential. It offers detailed investigation of a phenomenon as it naturally occurs within its context whilst employing scientific rigour (McLeod, 2010). The developed theory then informs the practice and knowledge base (Edwards, 2007).

Objective

The aim of this systematic review is to evaluate the rigour of utilisation of theory-building single case study research design published within clinical and counselling psychology or psychotherapy literature over the past 20 years. This time period has been selected because literature guidance for conducting empirically sound CSRD has been widely available during this time frame. Further, no other systematic review of this kind has been identified in the literature over the specified period.

According to McLeod (2010), TBCSD is typically multiple-case study. However, it is not always possible to gain access to multiple cases of the studied phenomenon. For example, the phenomenon might be very rare and unique, or it would not be financially or practically feasible to access multiple cases. This systematic review aims to highlight best practice in theory-building work within single CSRD and draw up a list of recommendations. As such, this systematic review will provide guidance for the author's doctoral case study research project. Further, the author's doctorate thesis will predominantly analyse qualitative data (transcripts of supervision sessions). Consequently, the scope of this systematic review was narrowed to studies that based their analysis extensively on qualitative data. Data were considered to be

qualitative if they were defined as such by researchers and were not in a numerical form.

Method

The systematic review protocol (available in Appendix A) was devised a priori to guide the process of conducting this review. This protocol was discussed with the research supervisor. This allowed the author to limit the bias in the process of conducting this review and to identify possible gaps in its scope.

Eligibility criteria

Table 1 lists the inclusion and exclusion criteria that guided the selection procedure. In summary, both holistic and embedded single case studies were eligible.

The theory, resulting from the primary study, must consist of systems of concepts characterised by some level of abstraction, reaching beyond facts and narrative descriptions of experiences. The study must generate more generic structures or categories, which can potentially be transferred and tested on different cases. The primary aim of the selected case study must be to build theory, rather than to produce brief suggestions of possible underlying mechanisms that might be a by-product of, for example, a narrative case study.

The aim of this review is to highlight good practice and research of a high standard. Therefore, only primary case study research reports published within journals or books were eligible for this review. The process of

publication often involves peer or expert review, filtering good quality and valuable research to be published.

Table 1: Inclusion and exclusion criteria

	Inclusion	Exclusion
Title level	<ul style="list-style-type: none"> - The title suggests that research is potentially a single case study - Suggest the area of interest is clinical or counselling psychology or psychotherapy (as author had particular interest in exploring these specific areas) - Preferably includes words case study/design/method. 	<ul style="list-style-type: none"> -employs other methodology (e.g. case control study, experiment) - unpublished materials (e.g. dissertations) -not a primary research (e.g. commentary, reviews) - area of interest outside specified scope
Abstract level	<ul style="list-style-type: none"> - single case study - gives impression the study's aim is contribution/development of theory - written in English, Slovak or Czech language (reflecting the author's language abilities) - published after 1st June 1991 - dominant analyses is qualitative - area of interest is clinical or counselling psychology or psychotherapy 	<ul style="list-style-type: none"> - all criteria specified above - does not make explicit reference to contribution to theory
Article level	<ul style="list-style-type: none"> - must fulfil above criteria specified on abstract level - the aim of the study is development of theory 	<ul style="list-style-type: none"> - contribution to theory is not a primary aim of the research

Information sources and search protocol

First, electronic databases were searched. Comprehensive multi-database EBSCO was selected as a primary electronic source to which results of other sources were compared in order to eliminate duplicates.

Specifically, the following search engines were selected within EBSCO: Academic Search Elite, AMED, CINAHL with Fulltext, MEDLINE, PsycINFO. In addition, Web of Knowledge, EMBASE, ASSIA and PsycArticles – APA, respectively were searched. All the engines were selected because descriptions of these indicated interests in area of psychology or psychotherapy.

All electronic sources were searched on 20th June 2011 and results were exported to an offline library or saved within the search engine. Search terms applied to those databases with results are specified in Table 2. As an example, the search line of EBSCO database consisted of: (single AND case AND study) AND psych* AND qualitative. Using search term: psych*, allowed exploration that was inclusive of psychology, psychotherapy and potentially psychiatry. Term counsel* was also considered however this significantly limited the number of found journal articles. This term was therefore abandoned due to concerns that a considerable amount of research evidence might be omitted.

Following the selection procedure, reference lists of included articles were searched. These reference lists were submitted to the same eligibility criteria and selection procedure as the original studies. Abstracts of these articles were accessed via Google Scholar.

The library catalogue was searched for relevant books that might report results of case study research. Search terms for this source were: case AND study AND psych*.

Table 2: Results of search within electronic databases

Search lines	EBSCO	Web of Knowledge (ISI)	EMBASE	ASSIA	APA psycNET (PsycArticles – APA)
single AND	48 641	Over 100	45496	1783	218
case AND		000			
study					
AND psych*	9715	9141	2632	622	216
AND	583	192	98	20	11
qualitative					
Filters (different search engines allowed this in various orders)					
Published from 1991	557	148	93	20	8
Source type:	268 (periodicals and books)	160 (within the results only offered: articles and case report)	93 (article, book, journal)	20 (within the results only offered: journals)	N/A
Language	N/A (not available, only allowed choosing one language)	126 (English and Other were selected from offered-English, French, Afrikaans, Other, German, Spanish and Japanese)	79 (Czech, English or Slovak)	N/A	N/A
Exported to offline library or saved	268	126	79	20	8

Selection procedure

The selection procedure was carried out by the author only. Involving a second reviewer was not possible due to limited resources.

The inclusion and exclusion criteria specified in Table 1 were applied to the search results. The selection procedure consisted of three steps: evaluation on title level, abstract level and article level. Appendix B offers an

example summary of the selection procedure applied to electronic resources.

In cases where the abstract was missing, this was located within Google Scholar. If the reviewer had any doubt whether the study met the inclusion criteria on the title level or abstract level, the study was included in the next step of the selection procedure (abstract or full text article evaluation).

Appendix C offers a summary of reasons for such doubts identified within electronic resources as an example. Further, Appendix D offers a summary of studies excluded on title and abstract level. Often, the reasons for exclusions were multiple; for example, the article was neither building theory nor a case study research, however only the first identified reason was recorded within Appendix D. Although book reviews as such were excluded, these were evaluated in order to identify whether they referred to a primary case study research that could be eligible. Figure 1 offers an overall summary of the selection procedure, as a result of which 36 full text articles were evaluated, of which only seven articles met the eligibility criteria. The author was the only reviewer. Therefore, in order to limit bias, if the author had any doubts about eligibility on the abstract level, a fulltext article was requested. Table 3 summarises the excluded fulltext articles, giving the main reason for exclusion.

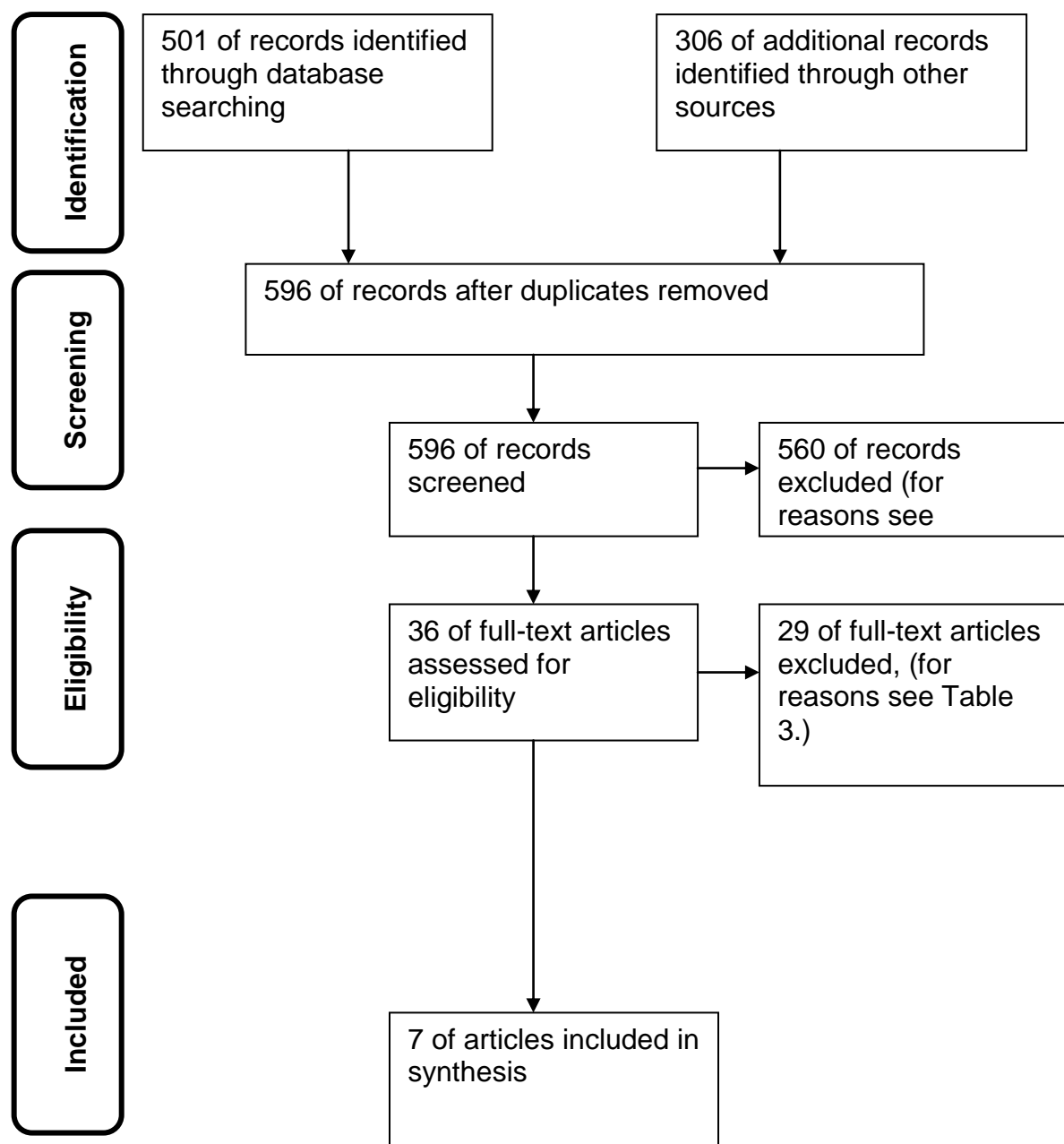


Figure 1: Summary of selection procedure (flow chart taken from <http://www.prisma-statement.org/statement.htm>)

Table 3: Summary of excluded full text articles

Author, year	Reason for exclusion
(Baillie, 2009)	Medical setting
(Bartlett, 2007)	Area of interest is nursing and it does not contribute to development of theory
(Chan & Ma, 2002)	Not developing theory
(Crowe et al., 2009)	Not developing theory
(Dale et al., 2003)	Area of interest was occupational therapy to medical illness
(de Rivera, 2006)	Not a case study
(Eatough & Smith, 2006)	Not developing theory
(Elliott et al., 2009)	Not developing theory
(Fridhandler, Eells, & Horowitz, 1999)	Not developing theory
(Goodman-Delahunty & Foote, 2009)	Not a case study
(Goodridge & Hardy, 2009)	Multiple case study
(Hammond & Cooper, 2011)	Not theory building case study and area of interest is social work.
(Henriksen, Škodlar, Sass, & Parnas, 2010)	Not developing theory
(Hill et al., 2007)	Not developing theory.
(Jacobsen, 2007)	Not developing theory
(Keady, Williams, & Hughes-Roberts, 2007)	Not developing theory
(Knight, 2006)	Attempts to map process within experience, but results stay too embedded within experience, limited to direct description of the experience and lack abstraction, overarching theory or model that could be applied to or tested on another case.
(Lindner, Fiedler, Altenhöfer, Götze, & Happach, 2006)	Multiple case study
(Lysaker, Davis, Jones, Strasburger, & Beattie, 2007)	Not developing theory
(McAndrew & Warne, 2010)	Multiple case study and not contributing to theory development
(Rasmussen & Angus, 1996)	Multiple case study
(Shea, Goisman, & Greenberg, 2010)	Not developing theory
(Shine & Westacott, 2010)	Not developing theory
(Spear, 2004)	Multiple case study and not contributing to theory development
(Viklund, Holmqvist, & Zetterqvist Nelson, 2010)	Multiple case study
(Voutilainen, Peräkylä, & Ruusuvuori, 2010)	Not developing theory
(Voutilainen, Peräkylä, & Ruusuvuori, 2011)	Not developing theory, investigates applicability of CA to therapy research
(Wexler, 2008)	Not developing theory
(Stummer, 2009)	Not developing theory

Study evaluation and data abstraction

The PRISMA website (available at <http://www.prisma-statement.org>) was screened for guidelines on how to evaluate the quality of articles. No specific preference for quality assessment was offered. Further, no specific quality assessment tool was identified that was designed for evaluating CSRD. As this systematic review concentrates on qualitative data, the selected articles were evaluated based on an adapted Critical Appraisal Skills Programme (CASP) tool: 10 Questions to Help you Make Sense of Qualitative research. The original version of this tool is available at <http://www.sph.nhs.uk/what-we-do/public-health-workforce/resources/critical-appraisals-skills-programme>. The adapted version is available in Appendix E, with an example of one study evaluation. Results of the quality assessment for all the included studies are available in Table 4. An overall quality numerical value was based on the sum of all individual criteria of the adapted CASP tool. Each criterion was evaluated based on the following rules: quality criterion fully met (1), criterion partly met (0.5) and in cases where the criterion was mostly not or not at all met or it was not possible to assess this, 0 value was assigned. As the aim of this systematic review is evaluation of research methods, this quality assessment also forms part of the data extraction and results. In addition, data extraction was informed by guidelines offered by Torgerson (2003). The following information elements were extracted: country and setting in order to set study into context; source through which the study was identified; objective, resulting theory and implication of the research in order to identify the usefulness of the study; type of analysis and description of participant in order to provide context for the analysis and results.

Results

Tables 4 and 5 offer a summary of data extracted from the selected studies.

These studies were evaluated based on McLeod's (2010) description of TBCSD and Yin's (2009) guidelines on the scientific rigour of case studies.

Table 4. Result of quality assessment of included studies

Author, year	(Kasper et al., 2008)	(Kuo et al., 2011)	(McLeod & Balamoutsou, 1996)
Clear aims	Yes	Yes	Yes
Theory building case study	Yes	Yes	Yes
Methodology/ design	Use of case study justified. Validity- used established measures, multiple reviewers and terms operationalisation. Reliability- detailed description of procedures and analyses.	Use of case study justified. Validity- independent analysis and cross-check by co-authors. Participant checking of accuracy. Reliability- detailed description of procedures and analysis.	Justified the choice of methodology. Validity- independent analyses of transcripts by both authors followed by collaborative interpretation. Reliability- lacks the detailed description that would allow replication.
Appropriate recruitment strategy	Detailed description of recruitment process.	Lack of description of recruitment process.	Recruitment strategy and population were not described.
Appropriate data collection	Detailed description and timeline of data collections. Using established measures, created open-ended questionnaires and video tapes of interviews.	Two semi-structured interviews conducted at university. Tape-recorded and transcribed into Mandarin Chinese.	50 minute long tape-recorded interview was conducted by first author.
Reflexivity discussed	Researchers acknowledge their belief in the use of immediacy possibly influencing choice of research question, data analysis and findings.	Good reflexivity account of personal and cultural beliefs possibly impacting choice of methodology, data analysis and findings.	Not considered. The principal author was also the participating therapist.
Ethical issues discussed	Confidentiality procedure was mentioned. Unclear whether informed consent and ethical approval were obtained.	No ethical considerations mentioned. Unclear whether informed consent and ethical approval were obtained.	It is unclear how participant was informed about the research. Unclear whether ethical approval was obtained.
Rigorous data analysis	Detailed analysis mostly following McLeod's (2010) recommendations for theory-building case study. Stages 6 and 7 not specified.	Detailed description of grounded theory analysis. McLeod's (2010) recommendations: selection of case not very clear, case-load relies on interviews only, immersion in case was good. Stages 6 and 7 not specified.	Brief description of analysis process. Unclear exactly how data were analysed. Limited evidence provided.
Clear statement of findings	Authors discuss findings in connection with aims, their applicability to current knowledge, future research areas and limitations of current findings.	Authors discuss the findings clearly in relation to research question and consider limitations. Future research identified.	Findings are explicit, but no contradictory data were offered. Authors acknowledge the limitations of case study design and call for further research.
Value of the research	Clear contribution to knowledge about immediacy.	Clear contribution to understanding and practice of indigenous crisis counselling.	
Overall quality score (0-10)	8.5	6	5

Table 4. continued

Author, year	(Hill et al., 2008)	(Winek et al., 2003)
Clear aims	Yes	Yes
Theory building case study	Yes	Yes
Methodology/design	Use of case study justified. Validity- use of number of well-established questionnaires and questionnaires with good psychometric properties. Cross-check of the analysis between authors. Participant checked the result for accuracy. Reliability- detailed description of the process of data collection and analysis.	Choice of case study not explicitly justified. Validity- collaboration between researchers during the analysis was employed. Participating therapist reviewed resulting categories. Cross-check of findings btw therapy and interviews conducted. Reliability- detailed description of process of analysis, lack of description of participants and recruitment.
Appropriate recruitment strategy	Therapist was recruited based on his expertise. Client was recruited based on appropriate eligibility criteria from community clinic.	Appropriate purposive sampling of client case from larger study. Unclear how the participant was approached. Lack of description of recruitment of therapist.
Appropriate data collection	Established measure, open-ended questionnaires, audio and video tape transcripts of therapy sessions, transcripts of interviews. Detailed description of the data collection and transcription process.	Interviews conducted by therapist following each therapy session and transcribed. Interview protocol available for review. Video recordings of therapy sessions. Not clear in what setting the data collection took place.
Reflexivity discussed	Researchers report that they see immediacy as a powerful intervention in therapy. Authors acknowledge that the case had an effect on them and they discussed their reactions and interpretations.	No reflexivity mentioned.
Ethical issues discussed	Client signed consent form. Introduction of the research to participant described and also effect of the research on participant. Not clear whether ethical approval was obtained.	No ethical considerations described.
Rigorous data analysis	Detailed description of analysis process. Follows McLeod's recommendations including stages 6 and 7 as they re-examine all coding to ensure consistency across events.	Cross-examination of findings. Detailed description of all phases of analysis. Complete lack of data (excerpts) to support findings. Stages 6 and 7 not described. Stage 4 immersion in case not fully described.
Clear statement of findings	Authors discuss findings in connection with aims, their applicability to current knowledge, future research areas and limitations of current findings.	Findings are explicit and related to research question. Contradictory data, credibility and limitations were not explored in great detail.
Value of the research	Clear contribution to knowledge about immediacy.	Categories that mark the moments of movement in filial therapy with clear clinical contribution.
Overall quality score (0-10)	9	6

Table 4. continued

Author, year	(Agnew et al., 1994)	(Wright & Rebeiro, 2003)
Clear aims	Yes	Yes
Theory building case study	Yes	Yes
Methodology/design	Selection of case study justified. Validity- using established psychometric tools which were triangulated. Reliability- detailed description of the whole process of analysis and three-step selections of case and events within case.	Use of case study justified. Validity-authors used the same opening question to interview as within another larger study to build consistent knowledge base. Reliability- sufficient description of the process and analysis. Limited description of data collection.
Appropriate recruitment strategy	Detailed description of selection of population and of case. Quantitative measures used to select case, also to identify events within the case. Brief introduction to the participant.	No description of recruitment. Selection of case justified.
Appropriate data collection	Lack of description of the data collection. Case was selected from another study, but authors do not invite the reader to search for the information on data collection there.	Data were collected through two audio-taped interviews and first one was transcribed verbatim. Not clear where the data collection took place.
Reflexivity discussed	No accounts of reflexivity.	No reflexivity described
Ethical issues discussed	No ethical considerations described by authors. Unclear whether study received ethical approval.	Unclear whether ethical approval was obtained. No ethical considerations described.
Rigorous data analysis	Detailed description of the analysis (event paradigm-task analysis). Coders were thoroughly trained to use manual for coding events. Includes stages 6 and 7 of theory building.	Good description of analysis process. Includes all stages of McLeod's recommendations. The preliminary analysis was discussed with participant in second interview to make sure that all categories were complete and to confirm the relationship between them.
Clear statement of findings	Yes, clear findings and also evidence trail of analysis. Limitations and credibility of findings are discussed by authors.	Clear statement of findings in relation to research question. Authors do not discuss either credibility or limitations of their research.
Value of the research	Clear contribution to the knowledge about resolving challenges in therapeutic relationship.	The article highlights the importance of meaningful occupation and development of self-love on the way to recovery.
Overall quality score (0-10)	6.5	5.5

Table 5. Characteristics of included studies and key findings

Author, year	(Kasper et al., 2008)	(Kuo et al., 2011)	(McLeod & Balamoutsou, 1996)
Country	USA	Taipei, Taiwan	UK
Source	References	Electronic database	Electronic database
Setting	University laboratories (client recruited for research purpose)	University office	Unclear
Objective	The purpose of the study was to study immediacy in a single case of brief interpersonal psychotherapy, how often and what types of immediacy were used, and qualitative examination of these events.	The goal was to identify and categorize cultural values, beliefs, norms and practices embedded in crisis counselling process. Identify overarching cultural themes and inform future counselling intervention and research with Taiwanese/Chinese families.	To fill in the gap identified in literature and employ qualitative analysis for identification of narrative processes in counselling or psychotherapy discourse.
Types of analysis	Qualitative analysis and quantitative. Qualitative- speaking turn analysis and coding of immediacy categories.	Qualitative (grounded theory)	Qualitative (narrative analysis)
Qualitative data collection	Transcripts of video-tapes of therapy sessions and interview, open-ended questionnaires.	Transcripts of tape-recordings of interviews.	Transcripts of tape-recordings.
Participants	Therapist with interest in immediacy (51 year old, male) Client with relationship problems (24 year old female)	Taiwanese counsellor (50 year old female) with 20 years experience in crisis counselling in Taiwan. Chen family, in bereavement due to loss of father.	Client- divorced Dutch management science student at British university (45 year old). Person-centred therapist (principal author), British (42 year old). Identifies five main types of narrative processes and hypothesises how they operate together. These narrative types are: embeddedness; co-construction; narrative tensions; point of view; narrative markers.
Results/ theory	Categories of immediacy: drew parallels btw external and therapy relationships; encouraged expression of immediate feelings; processed termination; felt disappointed, sad or hurt; inquired about reactions; inquired about his (therapist's) impact on her (client); expressed caring; felt close; wanted to connect; felt proud.	Identifies five cultural themes and their links to counselling interventions and stages. These themes are: significance of counsellor's authority & expertise; primacy of client-counsellor rapport & relationship; centrality of collective familism; observance of collective familism; observance of indigenous grief response & process; adherence to face-saving communication & interpersonal patterns.	
Research implications	Authors call for longer therapy to gain full benefits of using immediacy. Educating client about immediacy can be useful in promoting change. Highlights concentrating on client's reactions to immediacy and processing these. Highlights importance of considering cultural, gender or other differences when using immediacy. Awareness of counter-transference was highlighted in order to make sure that immediacy is being used for client's benefits.	Findings contribute to increasing knowledge base about indigenous cultural knowledge and skills to be implemented in therapy. This could also have implications for training counsellors. In addition, findings highlight the importance of diverse functions: counsellor serves as an expert but also as a friend.	Authors state that therapeutic narratives are embedded in context and are co-constructed together with therapist. Therapy stories can be re-workings of previous ones, attempting to achieve narrative closure. Understanding of this can help therapist to promote change in therapy.

Table 5. continued

Author, year	(Hill et al., 2008)	(Winek et al., 2003)
Country	USA	USA
Source	References	Electronic database
Setting	Not completely clear	Not completely clear
Objective	To conduct a second case study and compare results with Kasper et al. (2008). This allows investigation of similarities and differences across cases and to speculate when it is or is not therapeutic to use immediacy. The questions were: what types of immediacy did the therapist use? When and why did the therapist use immediacy? How did the client respond to immediacy? What were the effects of immediacy?	The research question was: 'What are the moments of movement between parent and child in the filial therapy process? This helps to understand the process that underpins the filial therapy. An additional purpose was to develop a methodology that provides researchers with observable categories for use in the future.
Types of analysis	Quantitative and qualitative (consensual qualitative research)	Qualitative. Authors describe the procedure but this does not seem to follow specific methodology.
Qualitative data collection	Transcripts of audio tapes and video tapes of sessions, and tapes of interviews. Open-ended questionnaires.	Transcripts of interviews of post-therapy sessions. Evaluation of video recordings of the therapy sessions. Cross-examination of findings.
Participants	Therapist with interest in interpersonal orientation and family systems (55 year old, white heterosexual). Client with longstanding symptoms of depression and anxiety (African American, lesbian, 29 year old)	Child age 3 and his mother, together with therapist. Characteristics of the participants were not further elaborated.
Results/theory	The main types of identified immediacy were: reinforcing client for in-session behaviour; inviting client to collaborate; inquiring about client reactions to therapy; reminding the client that it is okay to disagree. Immediacy enables client and therapist to negotiate the relationship; helped client to express her immediate feelings to therapist, helped the client to open up to deeper exploration of concerns; provided client with corrective relational experience.	Six categories marking the moment of movement in filial therapy. The overarching categories are: facilitative parent categories; facilitative child categories; facilitative non-specific categories; inhibiting parental categories; inhibiting child categories; inhibiting non-specific categories
Research implications	Demonstrates that immediacy can be a powerful tool if used at the right time, with the right client and for therapeutic reasons that fit the client's needs. Immediacy is useful for working with rupture in relationship. Highlights the importance of assessing client's readiness for immediacy and the need to educate client about it. Immediacy can be a helpful tool at contact termination.	Categories that mark the moments of movement in filial therapy. This could serve in practice where therapist may attempt to elicit the facilitative moments and reduce the inhibitive moments. Categories can also serve as a research tool that would help to map the processes involved and develop a normative model of the process in future research.

Table 5. continued

Author, year	(Agnew et al., 1994)	(Wright & Rebeiro, 2003)
Country	UK	Canada
Source	Electronic database	Electronic database
Setting	Unclear	Unclear
Objective	The understanding of the process by which challenges are resolved and not resolved in therapeutic relationship will inform our understanding of the mechanism of change in therapy.	The goal of this study was to use ethnographic methods to explore one person's experience in an occupation-based, consumer-run, client-centred, mental health initiative called Northern Initiative for Social Action (NISA).
Types of analysis	Qualitative and quantitative. Qualitative analysis involved development of coding and taxonomy from first Sheffield Psychotherapy Project.	Qualitative (Spradley's domain analysis).
Qualitative data collection	Unclear	Transcribed interviews
Participants	Self-referred college lecturer in her mid-40s with symptoms of depression and anxiety. Participating therapist not described.	45 year old woman with personality disorder who was closely involved in the NISA programme for 5 years, so was considered an expert participant.
Results/theory	Authors identify model of resolution of challenges to relationship. This consists of 7 stages (not necessarily consecutive): confrontation challenge; acknowledgment; negotiation; exploration; consensus and renegotiation; enhanced exploration; new style of relating.	Development of self-love and trust in NISA programme allowed participant to practise theory she learned in therapy and lead to self-fulfilment, becoming 'me', fitting into society and experiencing life to its fullest.
Research implications	Authors identify the areas of future research. Clear contribution to practice and to understanding of development of therapeutic relationship and resolving ruptures.	This article clearly highlights the importance of self-love, self-acceptance and self-trust together with having a meaningful position in society as a possible stepping stone to recovery. It further highlights the importance of developing trust in the therapist.

Steps of building theory

Development of theoretical starting point

All the included studies provided a good overview of the knowledge base and identified gaps. The authors then set the rationale and aim for their case study within this context. However, bias could have entered at this stage. Evidence of reflexivity was very limited. Only Kasper, Hill, and Kivlighan Jr. (2008), Kuo, Hsu, and Lai (2011) and Hill et al. (2008) offered brief accounts of their personal and professional biases that could have influenced the choice of research question and methodology. Surprisingly, McLeod and Balamoutsou (1996) did not offer any reflective accounts within their case study. As one of the authors also had a role as a participating therapist, their accounts on bias would have been particularly valuable.

Selection of case

Kuo et al. (2011) and McLeod and Balamoutsou (1996) did not provide any rationale for the choice of their case. Within Kuo et al.'s (2011) study, the choice could have been implicitly extracted by the reader but was not explicitly stated by the author. On the other hand, excellent descriptions of case selection through the use of quantitative measures and eligibility criteria were offered by Kasper et al. (2008), Hill et al. (2008) and Agnew, Harper, Shapiro, and Barkham (1994). In the case of Winek et al.'s (2003) study, selection of the case was appropriate but this study lacked a more thorough description of the recruitment strategy, which would have provided a better context for the case selection.

Construction of a rich case-load base

Collection of both qualitative and quantitative data was present in three studies, by Hill et al. (2008), Kasper et al. (2008) and Agnew et al. (1994). Use of mixed methods allowed triangulation of results and stronger validity and reliability of findings. Agnew et al. (1994) sought the help of quantitative measures to select the case and relevant episodes within the case. Such a procedure is less biased and provides support for the credibility of results. However, as the description of the data collection was very unclear, it is not possible to establish whether the authors built a rich case-load base. Kuo et al. (2011), Winek et al. (2003) and Wright and Rebeiro (2003) used multiple interviews with the participant in order to build a richer case-load. This allowed them to explore more varied aspects of the case under study. Only McLeod and Balamoutsou (1996) utilised a single interview to explore the narrative processes in counselling.

Immersion in the case

Immersion in the case was evident in the discovery approach employed by all the studies. All the case studies drew theory from the studied data, as the research question was guided by a gap in the literature. All but McLeod and Balamoutsou's (1996) study offered a detailed description of the analysis process that allowed understanding of how data were used and analysed.

Immersion in the case serves the additional purpose of allowing the researcher to let go of any preconceptions. Only a few of the studies utilised reflexivity that allowed consideration of how this could influence the credibility of the resulting theory. Specifically, Kuo et al. (2011) offered the most

thorough account of how their beliefs could influence their choice of methodology, data analysis and findings. Kasper et al. (2008) and Hill et al. (2008) offered some accounts of biased preferences for the use of immediacy within therapy. The authors admit that this could lead to an attention bias confirming the usefulness of this strategy. The rest of the studies omitted to offer any reflective account.

Applying the theory to the case

All the included studies offered either a description of or reference to a specific methodology employed to analyse the data. As with the previous steps, this allows us to evaluate the credibility of the findings.

Identifying gaps in theory

Only three studies describe accounts of re-examination of the emerging theory. Hill et al. (2008) re-examined coding to warrant consistency across the identified events within the case. Wright and Rebeiro (2003) conducted a second interview in order to assure that all the categories and relationships between them were complete. Agnew et al. (1994) refer to rational-empirical comparison, a method of creating a best model representing a phenomenon under observation, which involves the process of identifying gaps and refining of the model or theory.

Refining theory

Only in the studies by Hill et al. (2008) and Agnew et al. (1994) was it stated that the theory was refined based on the gaps identified. However,

description of this process is missing, limited to the statement that refining took place and lacks detailed analysis. This does not allow further evaluation of this step of theory building within chosen studies.

Integration of theory

All the studies discuss the identified theory in relation to the already existing knowledge base. All but Wright and Rebeiro (2003) highlight the contribution their findings bring and the limitations of the results. All the studies identified areas of future research that could provide additional evidence and exploration of the theory.

Credibility and rigour of case studies

Validity of case studies comes in different forms and depends greatly on the chosen methodology (e.g. data collection, data analysis) and research aim. It is therefore difficult to compare the diverse studies included in this systematic review. Further, some of these aspects were already highlighted in the section above, as is it can be difficult to separate this out. Overall, all the studies have a reasonable degree of validity. Where a mixed methodology was employed (Kasper et al., 2008; Hill et al., 2008; Agnew et al., 1994), the researchers used established psychometric tools or created questionnaires based on literature. Further, the majority of the studies utilised cross-analysis and triangulation of their findings between researchers and/or between different sources of data. This was the case in the studies conducted by Kasper et al. (2008), Hill et al. (2008), Winek et al. (2003) and Agnew et al. (1994). On the other hand, in Wright and Rebeiro (2003), a limited amount of

information was presented that could demonstrate how the validity was assured.

A good level of reliability was established in the majority of the studies. This conclusion was reached based on the clear descriptions of the research procedures and data analyses present in studies by Kasper et al. (2008), Hill et al. (2008) and Agnew et al. (1994). Wright and Rebeiro (2003) and Winek et al. (2003) provided a good description of their research procedures, but offered only a limited account of their data collection and recruitment respectively. Further, McLeod and Balamoutsou (1996) lacked a detailed description of research procedure that would allow replicability.

It is theoretical generalisation that applies to theory-building case studies. It is clear from Table 5 that all the included studies clearly contributed to the knowledge base by creating original theory drawn from the data. The credibility of each of these theories depends on the scientific rigour with which each case study was carried out.

Discussion

This systematic review has been conducted to evaluate the utilisation of and rigour of theory-building single case study design within clinical and counselling psychology and psychotherapy. McLeod (2010) offers step by step guidelines on conducting such case studies and these were utilised to evaluate the selected primary research.

Some steps of the building of theory did not present any significant issues, for example, development of the theoretical starting-point, construction of a rich case-load, immersion in the case and applying the theory to the case.

On the other hand, other steps were relatively neglected within the published report.

Appropriate and purposive selection of the case is essential for relevant theory-building (McLeod, 2010). This allows the reader to establish whether the theory is valid. Consequently, it is surprising how poorly, if at all, the recruitment strategy was described within some of the studies, as in those by Kuo et al. (2011) and McLeod and Balamoutsou (1996). Therefore, the first recommendation drawn from this systematic review is to urge researchers to include sufficient description of the rationale for the selection of the case, the population and the recruitment strategy from this population. This will allow replication but also the design of future research with a participant who is somewhat different in order to identify other possible aspects of the theory. Although single CSRD offers valuable and detailed descriptions, its limitations lie in the fact that this offers only a certain point of view (Toomela, 2007). Therefore, detailed description of the case is vital.

Reflexivity is essential part of qualitative research (Finlay & Gough, 2003). However, reflexivity was not acknowledged in great detail. Therefore, it is difficult to establish how effective the immersion in case, as a step of theory-building (McLeod, 2010), was in eliminating preconceptions. Consequently, the second recommendation of this review aims to promote the use of reflexivity within the published report.

Although this systematic review was scoped to identify qualitative case studies, it would seem from the result that employing mixed methodology provides a more complex understanding of the studied phenomenon, and its utilisation is therefore recommended by this systematic review. Triangulation

of findings adds to the credibility and validity of the resulting theory (Yin, 2009).

Identifying gaps in theory and consequently refining the theory were steps (McLeod, 2010) that were more difficult to assess. These stages were not clearly referred to within the majority of the included case studies. It was therefore difficult to evaluate whether the resulting theory accounted for all aspects of the case. Such a detailed reference would help to identify areas in need of future research. Consequently, another recommendation of this systematic review is to encourage researchers to make more explicit statements as concerns these steps.

Overall, the findings of this systematic review are encouraging. All the selected case studies made a clear contribution to their subject area and practice. The majority of these studies were conducted with good scientific rigour, as described by Yin (2009). Specifically, the studies conducted by Hill et al. (2008), Kasper et al. (2008) and Agnew et al. (1994) are recommended to the reader as examples of excellence across all aspects of the utilisation of theory-building single case study design. Review of quality evaluation of the chosen studies would suggest that more recent case studies were conducted with higher scientific rigor. However, a larger number of studies would be needed in order to confirm the emerging pattern. In addition, Kasper et al. (2008) and Hill et al. (2008) both concentrated on the use of immediacy in therapy. They purposefully recruited a different participant in order to explore different aspects in great detail. If more such case studies existed, then a systematic review of these could highlight the overarching theory, making a

great contribution to knowledge and practice alike. This clearly demonstrates the usefulness of theory-building single CSRD.

This systematic review has its shortcomings. Although the review protocol was discussed with the research supervisor, the whole process of the review was carried out by the author only. Bias could have entered into the procedure at various levels, the most significant of these being the selection procedure. Ideally, multiple reviewers evaluate studies and then come to mutual agreement eliminating individual preferences. Further, the author could have been biased in the data that were extracted and how these were interpreted. For example, looking for confirmation of the usefulness of single CSRD could produce an attention bias. Lack of resources also meant that studies in other than the specified language were excluded. During the selection procedures, it became obvious that this might have eliminated a number of relevant articles. For example, an article in Danish (Jørgensen, 2000) was identified, which could potentially have been eligible, but was not reviewed.

Systematic reviews, as an evaluation method, have their own shortcomings. For example, the included studies may conceptualise their key terms differently and therefore the conceptual clarity and consistency can be threatened (Sandelowski, Voils, Barroso, & Lee, 2008). Furthermore, the rewriting and reassembling of the evidence, typical of systematic reviews, can create a gap between the original evidence and what is presented within the review, possibly unintentionally distorting the evidence (Sandelowski et al., 2008). Every effort was made to limit these shortcomings via operationalisations of terms and thorough procedures. At the moment,

however, systematic reviews are the most rigorous method available for integrating and evaluating evidence.

This systematic review concentrated on theory-building single case study design only. A future systematic review, to examine the utilisation of multiple case study designs, might be useful. This could be a generic review such as this one, evaluating the utilisation and rigour of multiple case studies. Further, if a sufficient amount of primary research evidence was available in a certain subject area, then the review could concentrate on creating an overarching understanding. Reviews like this could also benefit from including grey literature, such as unpublished manuscripts and reports, which were omitted from this report.

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Journal Article

They might tell you if..... Factors influencing a trainee psychologist's information-sharing during supervision²

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Abstract

Background: Clinical supervision is a vital part of psychologists' training and practice. Trainees are expected to present their work honestly, yet there is evidence indicating that nearly all trainees consciously withhold information from their supervisors. The purpose of this study was to propose a theory about factors promoting and hindering trainee's information-sharing within supervision.

Methods: The study used grounded theory embedded within a theory-building case study research design. Video-recordings of supervision sessions of a trainee clinical psychologist (the researcher) constituted the unit of analysis. As the literature suggests that levels of supervisory alliance are associated with levels of non-disclosure, these (measured by the Leeds Alliance in Supervision Scale) were used as a means of theoretical sampling. Altogether 14 supervision sessions were analysed.

Results: The resulting theory indicated that categories underpinning information-sharing could be grouped into interactive one, those attributable to the supervisor and those attributable to the supervisee, and also be divided between those that promote information-sharing, hinder information sharing

² The author intends to publish this article in *Counselling and Psychotherapy Research*

and those that have a dynamic role in information-sharing. This article concentrates on factors with the dynamic role, which were ‘Supervisor asks a question’, ‘Supervisor not showing understanding’, and ‘Setting supervision tasks’. The dynamic character of these factors lay in the fact that at times they could either promote or hinder information-sharing and reasons for this are discussed.

Further research is needed to test and elaborate the initial theory. Appropriate recommendations are offered and the limitations of the study identified.

Key words: case study, information-sharing, non-disclosure, supervisee, supervision, theory

Introduction

Clinical supervision is an essential³ element of training for all trainee clinical psychologists in the UK (British Psychological Society [BPS], 2010a, b). It is seen as a crucial facet of ethical and effective therapy work and an essential part of continuing professional development (Wheeler & Richards, 2007). Milne (2007) defines clinical supervision⁴ as a formal provision by a senior healthcare practitioner of intensive and relationship-based education and training that is case-focused and guides, supports and directs the work of a colleague (supervisee). The main functions of supervision are quality control (normative function), facilitation of the supervisee’s competence and effectiveness (formative function) and encouragement of emotional processing (restorative function) (Milne, 2007).

During clinical psychology training supervision has a controversial place in the trainee’s working life, being rated as both one of the top five stressors⁵ and one of the top five coping strategies⁶ at the same time. Poor

³ For more information about supervision requirements in the UK please see the extended paper.

⁴ For more information on definition of supervision please see the extended paper.

⁵ For more information on stress experienced by psychologists please see the extended paper.

⁶ For more information on positive effects of supervision please see the extended paper.

supervision⁷ has been the highest ranking stressor amongst British trainee clinical psychologists (Cushway, 1992).

There are many supervision models (either supervision-specific⁸ or adapted from psychotherapy research⁹) that aim to conceptualise the purposes and processes involved but none of them seems to capture the complex supervisory processes exhaustively (Gilbert, 2000). Furthermore, many of these models seem to lack an adequate evidence base. An overview (Palomo, Beinart, & Cooper, 2010) suggests that the supervisory relationship is the most consistent and crucial factor influencing the effectiveness of supervision. Part of the supervisory relationship comprises a supervisory working alliance.¹⁰ The literature suggests that it is the working alliance that influences which information is shared in supervision sessions. A strong working alliance was found to be related to lower levels of non-disclosure and increased willingness to disclose in supervision (Mehr, Ladany, & Caskie, 2010). In addition, non-disclosure is experienced differently by supervisees who enjoy a good supervisory relationship from trainees with a problematic supervisory relationship (Hess et al., 2008). So how does non-disclosure fit with a supervision session?

Supervision¹¹ is a formal relationship based on the expectation that the supervisee will present their work openly, enabling the supervisor to gain insight into their practice (Wheeler & Richards, 2007). Supervisees, however, are likely to participate in supervision with various degrees of apprehension, motivation and anxieties about performing competently (Aten, Strain, & Gillespie, 2008). Some discrepancies between therapy sessions and what is described in supervision sessions are inevitable as there are inherent difficulties in describing complex interactions. Concealment¹² of information can therefore happen by omission but also by commission and there is

⁷ For more information about the research on poor supervision please see the extended paper.

⁸ For more information on supervision-specific models please see the extended paper.

⁹ For more information on supervision models adapted from psychotherapy please see the extended paper.

¹⁰ For more information on supervisory working alliances please see the extended paper.

¹¹ For more information about the nature of supervision and non-disclosure please see the extended paper.

¹² For more information on information-withholding please see the extended paper.

growing evidence that trainees consciously withhold information from their supervisors (Hess et al., 2008; Yourman, 2003; Yourman & Farber, 1996).

The literature about trainees' non-disclosure¹³ is limited, including studies by Hess et al. (2008), Ladany, Hill, Corbett, and Nutt (1996), Mehr et al. (2010), Reichelt et al. (2009), Yourman (2003), and Yourman and Farber (1996). In summary, the available literature suggests that non-disclosure is common and has various negative effects¹⁴ (Hess et al., 2008; Ladany et al., 1996). The reported prevalence ranged from 30-40% (Yourman & Farber, 1996) to 97.2% (Ladany et al., 1996). Demographic information such as age, gender, level of training, months of counselling experience, number of clients seen and amount of supervision to date were not significantly related to non-disclosure (Mehr et al., 2010).

Non-disclosure included¹⁵ four categories of information: content of therapy session, feelings towards the client, feelings towards the supervisor and supervision itself (Yourman & Farber, 1996), and personal issues (Mehr et al., 2010). The information most frequently withheld related to supervision events and relationships, suggesting that the crucial therapy information is being conveyed (Mehr et al., 2010; Yourman & Farber, 1996).

Overall, the most pertinent reasons¹⁶ cited for non-disclosure were impression management, power differences and deference (Mehr et al., 2010). Other reasons varied and included for example perceiving the information as unimportant and too personal (Ladany et al., 1996). Supervisees experiencing high shame are less likely to disclose information than supervisees with low shame (Yourman, 2003). Similar results apply to trainee anxiety, which was also significantly associated with a greater amount of non-disclosure (Mehr et al., 2010).

Evidence about supervisees' non-disclosure in supervision is limited and has some shortcomings. The studies by Hess et al. (2008), Ladany et al. (1996), Mehr et al. (2010), Reichelt et al. (2009), Yourman (2003), and Yourman and Farber (1996) were retrospective, relying on supervisee recall

¹³ For a definition of non-disclosure please see the extended paper.

¹⁴ For more information on the importance and effects of non-disclosure please see the extended paper.

¹⁵ For more information about the content of non-disclosure please see the extended paper.

¹⁶ For more information on reasons for non-disclosure please see the extended paper.

and therefore susceptible to memory bias. Further, owing to the sensitive nature of non-disclosure and admission of 'lying', it is possible that supervisees might have been selective in choosing what to reveal to researchers. The majority of the studies were conducted in the USA, apart from Reichelt et al.'s (2009) study which was conducted in Norway and Denmark. In any case, all of these studies were set in a different system of practice, culture and education.

Yourman (2003) concentrates specifically on the impact of shame on non-disclosure, but utilises clinical case studies with limited scientific rigour. Reichelt et al. (2009) explored supervisees' non-disclosure within group settings, using semi-structured questionnaires. Ladany et al. (1996), Mehr et al. (2010) and Yourman and Farber (1996) also used some form of questionnaire and scale which only offered pre-selected options as to what, why and how trainees did not disclose information. In addition, these studies focused on either overall retrospective experiences of supervision (Ladany et al., 1996) or on a single session (Mehr et al., 2010; Yourman & Farber, 1996) and did not explore supervision longitudinally. Although Hess et al. (2008) conducted qualitative interviews to gather rich data they only concentrated on one single incident of non-disclosure.

The current study aimed to move forward from analysing non-disclosure as a separate entity, removed from the context of supervision session and supervisory interaction. Furthermore, as no research was identified that explored factors that promote information-sharing, this was included as it is likely that different factors influence disclosure and non-disclosure.

Study aims

In order to address the existing gap in the literature, this investigation aimed to answer the question: which factors promote and hinder supervisees' information-sharing within supervision sessions?

The current knowledge base concentrates on supervisees' retrospective accounts about their non-disclosure. A better understanding of information-sharing within supervision would extend this knowledge base,

possibly leading to a more efficient use of supervision and therefore improved clinical practice, resulting in improved client outcomes (Wheeler & Richards, 2007).

Method

Epistemological position¹⁷

A constructivist epistemological position was adopted in the development and execution of this research project. It was recognised that any knowledge is mutually created by the viewer (me) and the viewed (data), leading to interpretative understanding (Charmaz, 2003).

Research design

Ethical approval for this research project was granted by the University Ethics Committee and by the research and development (R&D) department of the relevant NHS Trust.¹⁸

As this study aims to develop a theory,¹⁹ grounded theory embedded²⁰ within a theory-building case study research design, as described by McLeod (2010), was used.²¹ My supervision sessions were the unit of analysis and were captured in video-recordings. Glaser (2007) advocates the use of grounded theory in single case studies as a fully appropriate and useful method of data analysis and the employment of small case studies is further supported by Stern²² (2007).

Grounded theory is one of the most popular and widely used methods of qualitative inquiry²³ (Bryant & Charmaz, 2007). For the purpose of this research Kathy Charmaz's constructive conceptualisation of the method was employed.²⁴ Constructivist grounded theory offers systematic and yet flexible

¹⁷ For more information on the epistemological position please see the extended paper

¹⁸ For more details about ethical approvals please see the extended paper.

¹⁹ For a brief definition of theory, please see the extended paper.

²⁰ For similarities between grounded theory and theory-building case study design please see the extended paper.

²¹ For other methods of data analysis considered please see the extended paper.

²² For Stern's (2007) rationale please see section titled Benefits of conducting small case studies in the extended paper.

²³ For more information on the popularity of grounded theory please see the extended paper.

²⁴ For more information on the history of grounded theory and its strands please see the extended paper.

guidelines for collecting and analysing qualitative data in order to construct theory grounded in these data (Charmaz, 2006). This method helps to identify explicit statements and also implicit concerns. It allows the execution of studies generated from rich diverse data and complements other methods of data enquiry (Charmaz, 2006). As was the case in this research, grounded theory can be used to analyse data that were not influenced by the researcher's constructions and were created for purposes other than research (Charmaz, 2006). Grounded theory incorporates a cycle of data collection, coding, analysis, writing, design, theoretical categorisation, and data collection (Hood, 2007). It involves constant comparative analyses of cases with each other and with theoretical categories. The theory is inductively developed from the data and is continuously refined (grounded) by data. The resulting theory therefore accounts for all variations in the data and the report is an analytic product rather than a descriptive account²⁵ (Hood, 2007).

Case study²⁶ research design is a valid and reliable method best suited for studying phenomena in their natural environment (Baxter & Jack, 2008; Gillham, 2000; Yin, 2009). Theory-building case study²⁷ design aims to establish a theory about the studied phenomenon based on case material (McLeod, 2010). This process involves following successive steps: developing a theoretical starting-point, purposive selection of case, construction of rich case records, immersion in the case, theoretical analyses (the grounded theory was used), identifying gaps in the theory, refining the theory, and testing the revised theory (McLeod, 2010). In addition to this it has been suggested that the developed theory should be integrated with the existing wider literature (Eisenhardt, 1989).

Participants²⁸

Participation in this study was direct and indirect. Direct participants were my placement supervisor and I. As supervision sessions are based on clinical work with clients, clients discussed in supervision were involved

²⁵ For a more detailed description of grounded theory please see the extended paper.

²⁶ For more information on case study design please see the extended paper.

²⁷ For more information on theory-building case study research design please see the extended paper.

²⁸ For more information on how the recruitment took place please see the extended paper.

indirectly. In order to protect the supervisor's identity it is not possible to offer further details about the setting.

All clients in whose care I was involved were invited to participate. All clients were able to give informed consent. Recruitment was therefore opportunistic. Out of 11 clients asked, six agreed to take part (54.5% response rate). This included clients either directly seen or simply observed by me, clients for whom the therapy was considered both successful and unsuccessful.

All participants signed informed consent forms²⁹ and were provided with an information sheet.³⁰ Clients were approached by me after ethical approval had been obtained. To minimise ethical dilemmas this was also done after my involvement in clients' care ended. The supervisor was approached towards the end of my placement. All participants were given a minimum of 24 hours to make their decision and could withdraw from study at any point until the transcription process started.

Data collection

Data used within this research were originally collected by me for reflection and learning purposes during the course of my placement and were part of a much larger data pool.³¹ I have an interest in the research area of supervision and decided that some of the data collated during the placement were useful for research purposes and ethical approval was sought retrospectively. The following data were collated during my placement and were used for the purposes of this research.

Qualitative data

Supervision sessions were video-recorded between the last week of February and the first week of September 2011. Overall 24 supervision sessions were recorded and were available for analysis.

²⁹ The informed consent form is available in Appendix F.

³⁰ The information sheet is available in Appendix G.

³¹ For further information about the data pool and data collection please see the extended paper.

The Leeds Alliance in Supervision Scale (LASS)³²

LASS was originally used to reflect on supervision sessions. It is a short sessional measure of supervisory alliance completed by supervisees only. It has a good test re-test reliability (0.63) and alpha coefficient (0.71), yet it is sensitive to change, which is vital for sessional measure. This measure consists of three items rated on a 10-centimetre-long visual analogue scale, creating a maximum score of 100. The supervisee can rate the relationship, whether their needs were met and the approach to supervision (Wainwright, 2010). The average value across all supervision sessions within this project was 89.8, indicating that the levels of supervisory alliance perceived by me were high. This measure was created via analysis and synthesis of five existing measures of supervisory alliance. The aim was to create a short yet reliable tool aimed at supervisees that could be used easily and quickly within or after each supervision session and for research purposes (Wainwright, 2010).

Sampling

Grounded theory uses a theoretical sampling process embedded in ongoing data analysis (Hood, 2007). Theoretical sampling aims to provide theoretical exploration and not confirmation; it is a tool for generating theory and not investigating cases (Dey, 2007; Morse, 2007). A review of the literature led to a hypothesis that using levels of supervisory alliance would facilitate the theoretical sampling needed for comprehensive theory. The supervision session with the lowest supervisory alliance was selected first, and then the session with highest rating and this pattern was followed until saturation was reached. In addition two supervision sessions from about the middle were also selected to see if these added any new information. Two supervision sessions were lacking ratings and both were chosen toward the end when it became obvious that saturation was being reached. Altogether 14 supervision sessions (approximately 15 hours of recordings) were analysed.³³ Stern (2007) suggests that 20 to 30 hours of data-recording are usually

³² For more information about the permission to use this measure please see the extended paper.

³³ For more information about the supervision sessions please see the extended paper.

sufficient to reach saturation. As the data available were not created specifically for research purposes, however, and involved only one supervisory dyad, it is understandable that saturation was reached with a smaller sample of recordings.

Data Analyses³⁴

Sampled recordings were transcribed verbatim. Each transcript was read and re-read carefully and recordings were listened to repeatedly in order to capture as many aspects of the conversation as possible and not just the content. Transcripts were analysed in accordance with Charmaz's (2006) guidelines and data analyses incorporated coding of transcripts, development of categories and development of overarching theory based on these. The analysis was carried out in two stages. In the first stage, I tried to stay as free from any preconceptions as possible, and only concentrated on the data captured by video-recording and within transcripts. A summary of the results from this stage is available in Figure 2. In the second stage of analysis, the video-recordings were reviewed again in order to evoke any additional memories and feelings about the supervision that were not captured in the transcripts or memos so that a more in-depth picture could be gained. Figure 3 represents the revised theory which accommodates my memories and the internal processes I could remember.

Information-sharing was conceptualised as situations in which new information was offered within the conversational string. Each turn of speech (verbal or non-verbal) was considered as an information-sharing unit and was considered on its own and as part of the conversational flow. Naturally, some turns of speech were longer than others, containing numerous codes. This at times made determination of how the codes related to each other more difficult. Both a reflective log and memo writing, practised throughout the process of analysis, aided the research decisions and helped to ensure transparency and reliability.

Three codes were assessed as not answering the research question and formed a residual category.³⁵

³⁴ For an additional description of the analytic process please see the extended paper.

Reflection³⁶

A reflective log was kept throughout the time this research project was developed and conducted. Reflexivity allows the researcher to monitor and present steps in the development of the analyses and in the process of developing categories and this adds to their grounding (Dey, 2007). Reflexivity allows researchers explicitly to consider the ways in which their preconceptions and experience might have influenced the research process (Yardeck, 2008). This was vital as I studied my own supervision sessions and as a trainee clinical psychologist was attempting to study the very phenomenon that plagues trainee psychologists.

Results³⁷

In the stage one of the analysis, categories (factors) that underpin information-sharing were grouped into those attributable to the supervisor and those attributable to the supervisee (me). Further, these factors were divided between those that promote information-sharing and those that have an ambiguous role in information-sharing (see Figure 2). Ambiguous factors were those that at times promoted and at other times hindered information-sharing, thus raising the question as to why this occurred.

In the second stage of analysis, I searched through my memories of what took place in those sessions and came to realise that whether or not I shared the information depended on my threat appraisal of the situation, i.e. whether I felt that my abilities, skills and work were being questioned. Therefore, at this stage the overarching theory was revised and the factors underpinning information-sharing were grouped into those that promoted and those that hindered information-sharing. These factors could be further broken down into those that were attributable to the supervisor and those that were attributable to the supervisee (me). The dynamic factors, however, could not be easily attributed to the supervisor or supervisee as they depended on what

³⁵ For more information about this residual category please see the extended paper.

³⁶ For further accounts of reflexivity please see the extended paper.

³⁷ For additional analyses and results not described in the journal paper please see the extended paper.

the supervisor did and my interpretation (appraisal) of it. Therefore, they were placed on a middle line of the figure (see Figure 3).

Additionally, the second stage of analysis led to a revision of one factor, “Supervisor teaches supervisee,” which was originally seen as an ambiguous factor. There did not seem to be any internal appraisal of threat in the situation and my supervisor’s collaborative teaching approach promoted my eagerness to share my insights. On the other hand, when I was being “talked at” whilst being taught, I did not have the opportunity to voice my opinion. Therefore, this factor was divided in two, the former promoting and the latter hindering information-sharing.

Owing to limited space, the factors promoting³⁸ and hindering³⁹ information-sharing will not be described in great detail as they are somewhat self-explanatory, but I am very happy to be contacted for further information about these if required. It was decided that factors with the dynamic role were more important and needed greater attention and this paper focuses on these.

Summary of factors promoting information-sharing

The main purpose of supervision sessions is quite obvious to both parties. I knew that I needed to present my work first in order to work in supervision. Within this supervisory dyad I often volunteered information because it was expected by the nature of the meeting. I often shared information in order to gain needed help and support, to provide rationale for my decisions and also specifically concentrate on presenting good work. Further, I would often share information in order to relate and identify with supervisor.

Factors that promoted supervisee’s (my) information-sharing attributable to the supervisor included the supervisor’s keen interest in supervision and willingness to help (engagement with supervision), the use of counselling skills (active listening), the supervisor’s praise of me and collaborative work (teaching) with me. Further, the supervisor’s ability to relate

³⁸ For further information on factors promoting information-sharing please see the extended paper.

³⁹ For further information on factors hindering information-sharing please see the extended paper.

to me, demonstrate understanding and acknowledge difficulties also contributed to my sharing of information.

As shown in Figure 2 and Figure 3, factors promoting only information-sharing were not linked by arrows. This was deliberate, as it became obvious from the data that these factors often complement each other. Each factor has its own value, and contributes to information-sharing individually. They also often appeared together within the interaction of this supervisory dyad, however. For example, my sharing of good work met with the supervisor's praise. Therefore, the arrows were only used with the ambiguous factors to make it easier to understand their role.

Summary of factors hindering information-sharing

Only one factor was found to hinder information sharing and this could be attributable to supervisor. This factor could be best described as the supervisor teaches supervisee, who is 'being talked at'. First it is important to note that this was a single occurrence captured in a supervision session with almost the lowest rating. Within this, the supervisor talked at length to teach me about thought diaries, not providing enough space for my opinion.

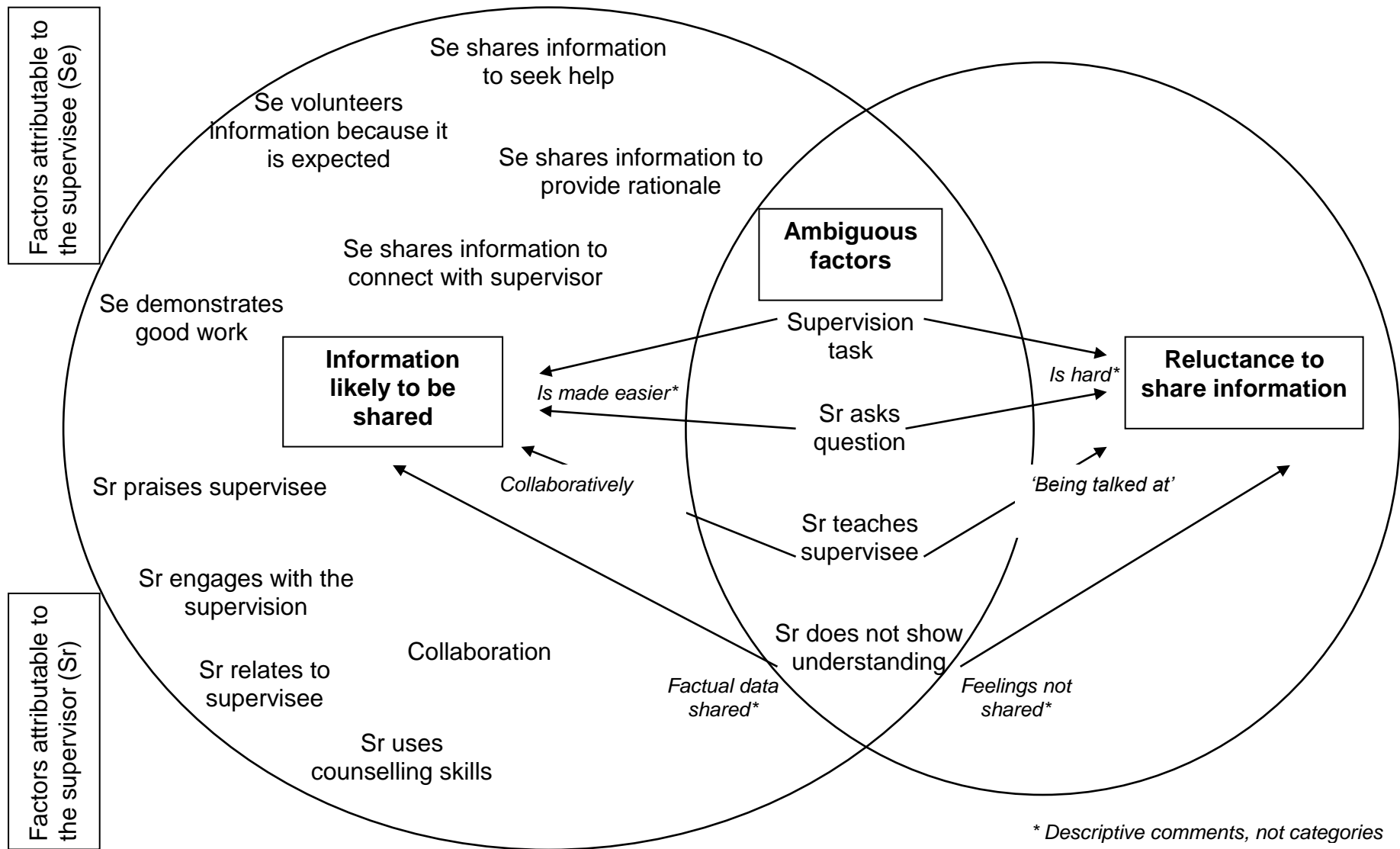


Figure 2: Factors influencing information-sharing

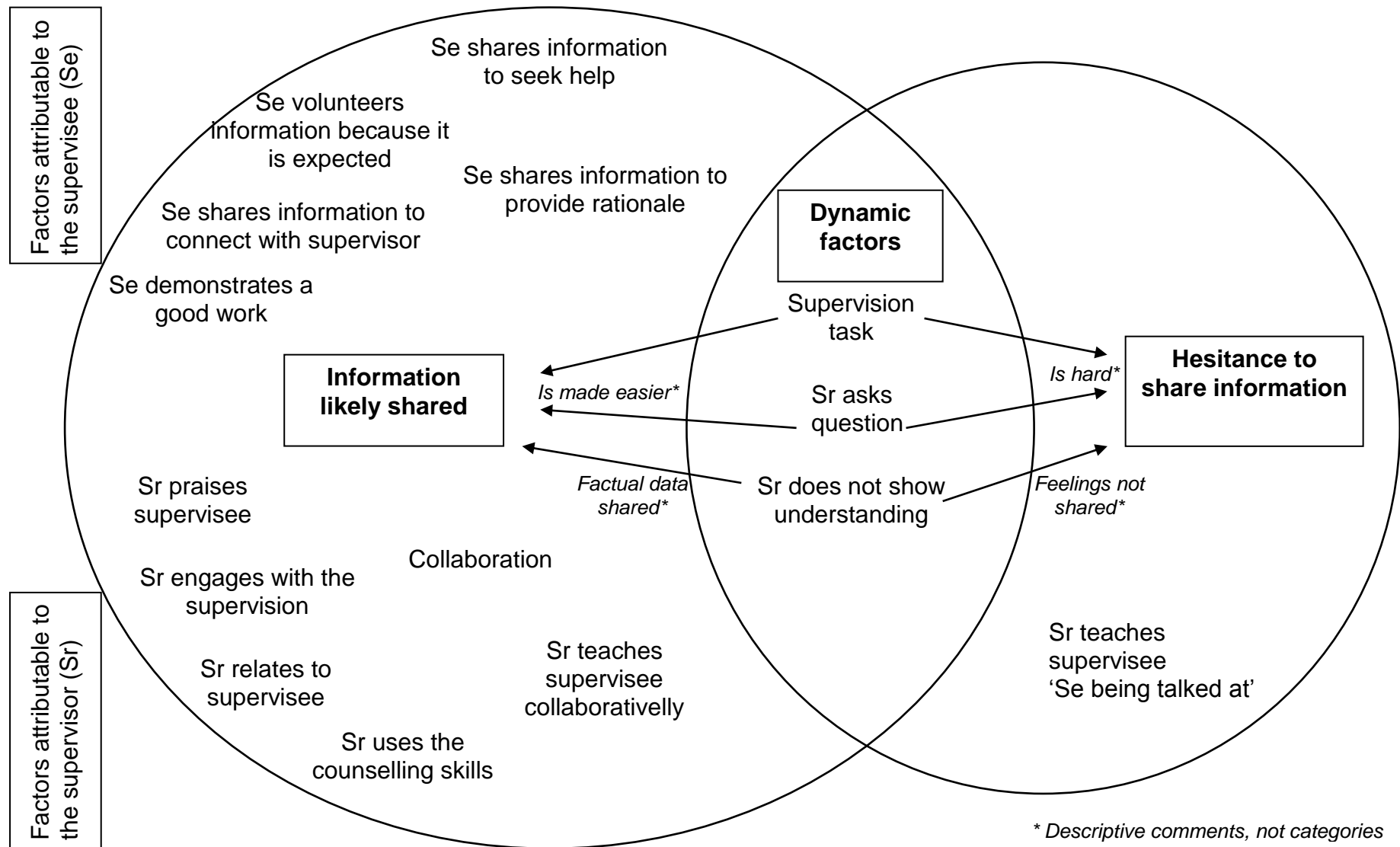


Figure 3: Revised theory of factors influencing information-sharing in stage two of the analysis

Factors with a dynamic role in information-sharing

The majority of the categories within this section fell within the supervision sessions with the lowest rating of supervisory alliance. The only exception was the category 'Setting supervision tasks' that appeared in supervision sessions with an approximate mid-rating.

Supervisor asks question

This skill would normally appear amongst the counselling skills (which is a factor found to promote information-sharing). It was also the case in this research that a straightforward question often led to a straightforward answer and exchange of information.

Sr: Right, so what do you plan to do with him today then?

Se: Well today, if he brings it back...

Sr: Right

Se: just ask him to write it down, if there are any irrational thoughts 'I will get hurt if I go out'

Sr: Yeah

Se: then actually challenge those.

Sr: Right

Se: If not, do a bit of motivational interviewing and motivational stuff, because he said he is, mainly suffers with low motivation to actually go out. " S21 (120-133)

At times, however, my supervisor asked a question which I perceived was too challenging or threatening . The quote below is an example of such a situation. In this case I was asked for my opinion; however, what I 'heard' was an accusation or suggestion of my clinical misjudgement. I tried to deal with it by prematurely agreeing with the supervisor. Although I cannot be certain of the reason for my reaction, through my memos or memory I could hypothesise that I did this in order to hide my anxiety or at least direct attention away from it by letting it pass unnoticed. By agreeing with the supervisor, I hoped that they would then proceed with other discussions about this client or explain

why they thought that thought record was better (i.e. teach me). The supervisor was able to spot this and 'softened' the question, or at least I felt that the question became less challenging which allowed me to 'hear' the question correctly and I was then able to share my ideas.

"Sr: Why worry and why not sort of thought record?

Se: Because I thought the main .. yes... probably yeah...

Sr: Just asking

Se: I was thinking about worry, because he was quite worried about, he is worried that he will get hurt ...

Sr: Yeah" S21 (205-213)

The re-framing or softening of a question can be helpful, but sometimes, when the supervisor persisted with the question very valuable information was also gained. For example, in one instance my supervisor asked me how it felt to be looking through a failed assignment. I responded with a rational thought and argument that expressed my understanding of the need to do this exercise, and failed to disclose my actual feelings. The supervisor persisted with the question and indeed stressed it further, which led to me admitting negative feelings. Through an analysis of my perceptions and memories as to why I initially struggled to answer the question, I recognised that my behaviour may be attributable to my own coping style, rather than an unwillingness to be honest with the supervisor. If I allowed myself to acknowledge how painful and anxiety-provoking this exercise was, I would potentially not be able to engage with it or to complete the university assignment, as I may have surrendered to unconstructively avoiding it. Instead, through keeping a rational understanding that this was a good learning experience, I was able to keep going. It can be argued, however, that the difficulty of the situation was possibly slightly ameliorated by the supervisor's friendly approach, which allowed me to answer the question despite my fears.

"Sr: How does it feel when we are looking at this again (looking at failed assignment DVD)?

Se: Well I have to be looking through it because I need to do the assignment

Sr: (smiles)

Se: the formulation we need to prepare for.

Sr: Yeah, what was the question then? (smiles) How does it feel? (stressed in smiley and friendly voice) Not that you just have to do it.

Se: That was just a... (both laugh) pre-, pre-introducing to it's quite... annoying (laughs), unpleasant, horrible I just want to be done with it.

Sr: Yeah...it it will be gone... soon." S22 (347-369)

Supervisor does not show understanding

This also was a single case occurrence that could have been identified in the data. In this situation I had not performed well at a client assessment and was trying to justify, or offer excuses for, my poor performance. While searching my memory of this conversation, I became aware of feelings of shame and fears of being rejected (both professionally and personally) by my supervisor because of my shortcomings. I felt that I needed to offer some explanation for my performance to demonstrate that it was not a thoughtless act and that I did have an idea in my mind. There also seemed to be hope that if I explained the rationale for my actions in the client session, it might be an acceptable reason and would restore my competence in the eyes of my supervisor. What I shared were factual data but what I did not share were my anxieties of rejection and shame and the supervisor did not appear to pick up on my anxieties either and proceeded with the teaching.

"Se: so that's where I was sometimes getting lost as to what else to actually ask her.

Sr: Same thing.

Se: She is not about CBT and thoughts challenging, this is something quite different (laughs).

Sr: Yeah (smiles) same difference though really.

Se: Yeah.

Sr: Assessment is assessment, same information, getting to know what's going on for someone, really yes ok with trauma there is maybe

more specific things ehm, to go into but same thing building that, what you doing you are building a picture of it.

Se: Well I would have been quite happy to go and talk about the, but because she didn't really want to talk about it.

Sr: Yeah" S11 (1250-1268)

As the first attempt to explain myself did not seem successful I then tried to explain my struggles with this assessment from a slightly different angle, again offering just factual data and trying to gain the supervisor's understanding. However, I soon realised that I was failing in this regard; in fact, I felt that I was 'digging my grave even deeper'. I decided to agree with the supervisor, in an attempt to close the subject and move on. My frustration and negative emotions were never shared.

"Se: so I was really getting at loss, well actually, we can't really do much of a CBT thought, kind of a... exploration, so finding out, because that is just not going to be appropriate for her.

Sr: No (nods).

Se: She wasn't really willing to talk about the trauma, so...

Sr: I suppose that was only one element of trauma, so looking at it like that, that was just one bit she can't speak about or feels that she can't.... ehm...

Se: Ah, yeah because then she talked quite happily about the other fact, well not quite happily, but she talked about it" S11 (1277-1292)

The supervisor eventually did proceed to offer more advice on how to progress with the client, abandoning the topic of the shortcomings found during the client assessment. This was a welcome relief to me, as I felt that it gave me a chance to learn how to prevent failure in the future and to show that I am willing to learn. I also had some sense of restored value as I felt I was 'worthy to be taught'. I then shared my appreciation of the advice, possibly in order to forestall a relationship rupture.

“Sr: ehm ... so yeah there is lot there, but as far as ongoing work, then really, yeah, just looking at ... I think doing a formal timeline with her

Se: Yeah

Sr: would be good.

Se: Ok

Sr: Ehm...

Se: As much as she can talk about it.

Sr: Well, yeah, remember that's not, that's to include, that's just getting out idea of everything really. You know, when did her mum actually die?

Se: Yeah and her...

Sr: Getting the idea of what each relationship is. Remember positive and negative.

Se: Yeah, I think I really ... yeah, I do like when you suggest, keep moving things on.

Sr: Hm” S11(1304-1323)

Setting supervision tasks

Setting tasks for supervision is one of the main agendas of any supervision session, and this category is probably the best example of how dynamic some factors can be in information-sharing. An interesting and interactive relationship was found between supervision tasks and information-sharing. On many occasions the supervisor and I worked on tasks without noticeable difficulties, where I presented the information needed to complete the task. These tasks had been agreed upon between us and did not feel threatening to me. When I perceived the task to be too difficult to complete or emotionally demanding I attempted to use various coping strategies depending on the level of challenge that it presented. When the task was well beyond my abilities at the time I was able to make the supervisor aware of this directly.

“Sr: yeah ... so that's good. Ehm, have you mentioned to G about videoing? One of your sessions? No

Se: (laughs) Slow progress with me, slow progress with me.
Sr: (smiles) Right well, we are just going to keep that in mind (smiles)
Se: Yeah, we will. (smiles)
Sr: Ehm...
Se: At the back of my mind somewhere deep in my subconscious.
(laughs)" Snr2 (1128-1144)

If the tasks seemed to be somewhere on the border of my abilities, however, perceived as quite difficult and challenging yet accepted for completion, I interestingly employed a different strategy of delaying my answers, trying to sway the task to its easier alternative, without directly communicating this to the supervisor. The quote below is an excellent example of how my willingness to share or not to share information can change from one second to the next, depending on my interpretation of the situation and my supervisor's responses. The first line demonstrates my attempt to make the task easier as I felt very ashamed of my unsatisfactory performance in a role play scenario and preferred not to share this with my supervisor. Yet the supervisor persisted with the task and kept the challenge for me unchanged. I again tried to delay the task, hoping the supervisor would "give in," and was clearly reluctant to share this. Although the supervisor still maintained the task, she lowered the challenging nature of it by limiting the amount that would be watched. This made me more willing to share information about the role plays, but the supervisor's request to watch the worst one made me feel hesitant again.

"Se: Ah, let's start with the better one (laugh). If I can remember which one that was...
Sr: (smiles) Let's look at the test one.
Se: Well they are both test ones. (laughs)
Sr: Yes, you know which one (challenging but friendly gaze/eye contact) and, let's have a look at it, just to get an idea we are not watching it all anyway, so...
Se: Ok, well, there is the one I failed by 2 points only and then there is the one which I failed by 10 points.

Sr: Let's look at the 10 points one.

Se: Ach.... (smiles, hunches)...there is that" S22 (1-17)

Discussion⁴⁰

This paper unveils new understanding about trainee (mine) information-sharing in supervision sessions. The available literature concentrated on how often, why, what and how trainees fail to disclose information (Hess et al., 2008; Ladany et al., 1996; Mehr et al., 2010; Yourman & Farber, 1996). Intentionally or unintentionally this information was presented in a way that invited the reader to attribute 'blame' for non-disclosure either to the supervisor or to the supervisee. This research is a refreshing discovery and possibly a reminder that supervision is indeed a complex interactive process between two people that changes with each passing moment as is clearly demonstrated in the 'Setting supervision task' factor. Trying to attribute fault to one party only is too simplistic, and the results indicated that factors influencing information-sharing can be attributed to both supervisor and supervisee and are often results of their own agenda coupled with the interactional nature of supervision.

The complexity of information-sharing is probably best demonstrated by the discovery of the dynamic factors. I set on this research journey with the preconception that there would be distinguishable factors either promoting or hindering the information-sharing within supervision sessions, which is clearly reflected in the research question. It was an interesting discovery that such a clear-cut distinction does not exist. For example, the simple act of asking a question can elicit an array of responses from simple provision of the information, to hesitation and attempts not to provide the requested information. Whether the information was ultimately shared, however, appeared to depend on the supervisor's responses (e.g. supervisor reducing demands, persisting with question), the subject discussed and the supervisee's (mine) threat appraisal of the question (e.g. appraising it as challenging).

⁴⁰ Additional discussion relating to results presented in the extended paper can be found in the extended paper.

Ladany et al. (1996) noted that trainees do not mention information, directly refuse to share information or try to divert discussion. A new, subtle way of attempting to withhold information was observed within this supervisory dyad, i.e. agreeing with the supervisor. It can indeed be difficult to determine whether the trainee genuinely agrees with the supervisor or is attempting to close the discussion and move on. This might need the close attention of both supervisor and supervisee and be a point for reflection. As this manner of non-disclosure has not been identified in previous research (of a retrospective nature) it raises the question of awareness and whether either of the parties involved is aware of this happening. Yet it might be that this technique was typical of this supervisory dyad only.

It is difficult to connect the developed theory with the existing knowledge base as no other research was identified that explored the same research question. Some similarities with related literature were, however, observed. As reported by Mehr et al. (2010) the levels of supervisory working alliance are associated with levels of non-disclosure. This was likewise observed within this research. It is probably not surprising that the dynamic factors appeared predominantly in the supervision sessions that were rated by me as having the lowest working alliances. Similarly to the associative research presented in the introduction, however, this research cannot comment on causality and it is equally possible that whatever took place in the supervision session influenced the supervisory alliance and that working alliance influenced what happened in supervision sessions.

Mehr et al. (2010), Yourman (2003), and Yourman and Faber (1996) suggest that higher levels of shame and anxiety are linked with a greater amount of non-disclosure. A similar relationship was found in this study. The second stage of analysis and discovery of the dynamic factors revealed that whether or not I shared information partly depended on my threat appraisal of the situation (whether I felt that my abilities, skills and work were being questioned) and shame experienced due to unsatisfactory performance. Anxiety and shame made me less willing to share the information needed for supervision.

The results of this study highlight the fact that it is actually more difficult to decide whether non-disclosure happened or not. This was very evident

within the category of 'Supervisor not showing understanding' where I shared factual data related to my poor performance; I shared information in an attempt to justify it, but did not share the anxiety and shame I had obviously experienced. Yourman and Faber (1996) suggest that the supervisor aims to normalise the fact that mistakes happen. On the one occasion described within the category, however, the supervisor did not manage to 'meet' me and I attempted to close or move the discussion on and maintain the relationship with the supervisor.

In summary, this research shed a different light on information-sharing within the supervision sessions of a trainee clinical psychologist (me). Apart from the discussed factors influencing information-sharing another issue was highlighted. A clear-cut distinction between factors promoting and hindering information-sharing and between disclosure and non-disclosure does not seem to exist.

Practical implications

Bearing in mind that supervision is a complex interactive process the awareness of the identified factors influencing information-sharing can be a useful 'tool'. The supervisor but also the supervisee can use and experiment with these to see if they inform their interpretations and understanding of what is happening within the supervision. For example, the supervisor could attempt to reduce the demands of the task or question if the supervisee appears hesitant. The supervisee for example could reflect on times when they agree with their supervisor, and assess whether it is a genuine agreement or an attempt to cope. This could potentially make supervision more transparent and aid personal and professional development of supervisor and supervisee, and aid supervisee well-being and satisfaction with supervision. This, as highlighted by Wheeler and Richards (2007), is likely to have a positive influence on client care.

Limitations and future directions

This was a single case study exploring information-sharing within one supervisory dyad, which from my point of view enjoyed a good supervisory

alliance. A theoretical generalisation is offered but I do not claim that these results are generalisable to the trainee population. Some similarities were identified with the available literature, which would suggest some transferability of the results.

This article proposes an initial theory that needs to be further tested and elaborated in future research. For example, inclusion of supervisory dyads that experience different levels of working alliances is likely to reveal further factors. The limitation of this research is that the second stage of analysis, in which I searched my memory, happened over a year after the supervision sessions took place. My memory recall was likely affected by the time that had elapsed. On the other hand, the processing that took place could have potentially enabled me to more clearly identify what was happening for me at the time, as I was not directly 'caught up' in my anxieties at the time of the analysis, so that I was not blinded from what I was feeling and thinking. As I noted in the 'Supervisor asks question' factor, the act of hiding my emotions from myself was a coping strategy for me at the time.

Future research could therefore combine the exploration of supervision video-recordings (unaffected by memory bias) combined with the interviews of the supervisee (providing different insight into supervisee perception). Within this interview the researcher could simply ask the trainee about their experience or to provide memory clues. The researcher and supervisee could watch the supervision sessions together and discuss them together, using the Interpersonal Process Recall Method (see Cashwell, 1994 and Kagan, 1975) which would be potentially enriching for the literature as well as supervisee development.

No literature seems to exist on supervisor perception of the non-disclosure phenomenon, and as supervision is an interactive process this point of view needs to be captured. In addition, exploring non-disclosure within a sample of qualified psychologists is needed to establish whether non-disclosure is indeed a dominant training phenomena as the current literature implies.

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Extended Paper

The Extended Paper

Introductory section

Supervision requirements of UK Clinical Psychology Training Programmes

The British Psychological Society (BPS) states that 50% of the time on the training programme must be spent in clinical practice and that this needs to be supervised. Training courses have to make sure that the supervision provided is effective and organised according to BPS standards (BPS, 2010a). The importance of supervision is demonstrated in the fact that Clinical Psychology training courses have to meet detailed and stringent criteria on clinical supervision outlined by BPS in order to meet accreditation standards in the first place. For example, these criteria set out which professionals can supervise a trainee, and that the supervisors must be fully aware of their responsibilities and the placement set up. Further, BPS specifies that each trainee needs to have one-to-one supervision and at least three hours of 'contact' time with their supervisor a week (BPS, 2010a). This must include at least an hour of formal supervision each week and supervisors are expected to try to be available for informal discussions when matters arise outside formal supervision time (BPS, 2010b). Formal supervision should provide space for discussing professional and personal development, workload, organisational issues and feedback on clinical work (BPS, 2010b).

Definitions of supervision

As supervision is the main focus of this thesis it is important to define how the term is used within this paper. In the most generic terms, supervision can be seen as an intervention offered to a less experienced professional by a more senior member of the same profession through an evaluative relationship that extends over time and serves the function of enhancing supervisees' professional functioning and monitoring the quality of the service they offer (Bernard & Goodyear, 2004). The definition and purpose of supervision depends on the context, however, as they differ in organisational settings (administrative or managerial supervision) and healthcare settings

(clinical supervision) (Holloway & Wolleat, 1994; Shanley & Stevenson, 2006). It is the clinical supervision that is the focus of this research. Shanley and Stevenson (2006) noted that clinical supervision originates from psychoanalytic training.

Tools used in supervision are mainly corrective feedback on performance, and teaching and collaboration in goal-setting for supervision and work. The evaluative component sets supervision apart from mentoring or coaching (Milne, 2007). Supervisors can be seen as a 'gatekeeper' for individuals wishing to enter the clinical psychology profession (Bernard & Goodyear, 2004).

Stress experienced by psychologists

Clinical psychologists, and more specifically trainee clinical psychologists, experience significant levels of distress. Experienced clinical psychologists report feeling less distressed than less experienced psychologists or trainee psychologists (Hannigan, Edwards, & Burnard, 2004).

Overall, up to four out of 10 clinical psychologists reported a 'caseness' level of distress. The most prominent stressors were too much work, poor quality of management, having too many things to do, lack of resources and professional self-doubt (Cushway & Tyler, 1996; Hannigan et al., 2004). Other factors associated with higher stress were psychodynamic orientation, being single or divorced, experience of personal therapy, and feeling stuck, tired and overwhelmed by clients. Helpful coping strategies included talking to other psychologists, exercising, talking to partners and participating in professional support networks (Cushway & Tyler, 1996; Hannigan et al., 2004).

Research with trainee clinical psychologists identified the following stressors in rank order: poor supervision, travelling, deadlines, lack of finance, moving house, separation from partner, amount of academic work, uncertainty about own capabilities, too much to do, and changing placements (Cushway, 1992). The coping strategies most often mentioned, also in ranked order, were talking to trainees, exercise, talking to friends, talking to partners, and talking to supervisors (Cushway, 1992). It is important to bear in mind, however, that the results of this study are now two decades old and much has

changed in the clinical training field since. A new updated result would improve the evidence base.

Positive effects of supervision

Wheeler and Richards (2007) analysed 18 articles and examined the impact of supervision on the supervisee. They concluded that supervisees are likely to gain improved self-awareness mainly about their interaction with clients, develop therapeutic skills and have improved self-efficacy. The amount of supervision had a positive relationship with clients' attendance. Supervision also influences the supervisee's theoretical orientation. Overall, supervision offers space for the supervisee's development and growth and so raises the likelihood that clients' outcomes might improve as well. This link is still tentative, however, and in need of further research (Wheeler & Richards, 2007).

Poor supervision research

The negative effects of supervision have been neglected in research compared with evidence advocating its benefits. Supervision can indeed be experienced by supervisees as harmful and debilitating (Nelson & Friedlander, 2001). The research presented below aims to illustrate the complexity of the issue as each paper puts a somewhat different perspective on the matter of poor supervision.

Nelson and Friedlander (2001) purposefully recruited trainees who felt harmed by conflicts in supervision. They presented eight categories summarising supervisees' experiences of conflictual supervision. These related to initiation of relationships (whereby supervisors were either too remote or too friendly), impasse characteristics (break in communication mostly because of a power struggle), supervisee perception of supervisor reaction (mostly supervisor's ongoing anger as reaction to conflict), supervisee reaction (loss of trust, feeling unsafe, withdrawing), supervisee coping strategies (e.g. confronting supervisor, seeking support from university or peers), positive outcomes (e.g. strengthened sense of self, support received from others), negative outcomes (e.g. anxiety) and contributing

factors (e.g. site-based problems). Overall, two main themes were identified as underlying the conflictual relationship and harmful experiences: power struggle and the supervisor's dual roles (supervisory and evaluative) (Nelson & Friedlander, 2001).

Counterproductive supervision events were also explored in another research project by Gray, Ladany, Walker, and Ancis (2001). Within this Gray et al. (2001) found that the most prominent initial counterproductive events (occurring in seven to 12 cases out of 13) included the supervisor dismissing the trainee's thoughts and feelings or being unempathic. The four variant categories (occurring in one or two cases only) were: supervisor denying the supervisee's request, supervisor misunderstanding the trainee, and supervisor ordering the trainee to behave differently with clients (Gray et al., 2001). These initial events led to consequent counterproductive events and these were trainee trying to be agreeable, supervisor not listening or not responding to trainee, supervisor disputing or challenging trainee, supervisor pushing own agenda, and supervision work came to halt (Gray et al., 2001).

The additional finding of the above study is the fact that the counterproductive events were reflected in trainees' experiences. Trainees reported having negative thoughts about themselves (e.g. being inadequate) and about their supervisor and supervisory relationship. One trainee noted they felt confused (Gray et al., 2001). Counterproductive events also led to a number of negative feelings such as frustration, anger, anxiety, feeling unsafe, shocked, and undermined. In response to the events, the trainees tolerated them quietly, became visibly upset or became more defensive or nervous (Gray et al., 2001). Gray et al. (2001) also found that counterproductive events were typical of supervisors with a poor approach to supervision and untypical of supervisors with a productive approach to supervision.

According to the authors, trainees wished that their supervisor was able to recognise that counterproductive events occurred and talk about them or use a different supervisory intervention (Gray et al., 2001). Trainees also wished they addressed it themselves. The main reason why they did not do so seemed to be a feeling that they could not. Interestingly, trainees noted that although counterproductive events had negative effects on clients (e.g. trainees changed approach to clients, and limited ability to work with client)

they also had a positive effect on clients, in that trainees reported increased awareness of therapy dynamics (Gray et al., 2001).

Counterproductive events further affected the trainees' approach to the supervisor and supervision process (e.g. feeling more anxious in supervision and withdrawing from supervision). In addition, counterproductive events meant that trainees disclosed less. This included the non-disclosure of the counterproductive event in the first place and they attributed the non-disclosure to a poor supervisory relationship (Gray et al., 2001). For more than half of the trainees their supervisory relationship eventually recovered. The authors found that trainees found a way to justify the counterproductive event through taking part of the blame themselves (Gray et al., 2001).

Another inquiry into ineffective supervision was conducted by Magnuson, Wilcoxon, and Norem (2000). They identified two broad categories: 'Overarching principles of lousy supervision' and 'General spheres of lousy supervision'. The overarching principles were those six aspects of ineffective supervision that were the most prominent and repetitive in the participant's narratives (Magnuson et al., 2000). The overarching principles were: unbalanced supervision characterised by over-emphasising of some aspects of supervision and neglect of others. Developmentally inappropriate supervision, not corresponding to the changing needs of supervisees, was also seen as ineffective. Supervision intolerant of differences, poor model of supervision with boundary violations, untrained supervisor, and professionally apathetic supervisor were the remaining overarching principles identified in this research (Magnuson et al., 2000).

The general spheres represented circumstances or domains in which the overarching principles occurred (Magnuson et al., 2000). One of the general spheres was the organisational/administrative sphere that consisted of the supervisor's inability to establish parameters of supervision. The technical/cognitive sphere was characterised by participants' perception of the supervisor as unskilled and an unreliable supervisor and practitioner. In the relational/affective sphere participants emphasised the importance of a safe environment and a 'human' approach to supervision (Magnuson et al., 2000). It seems however, that ineffective supervision is not simply a result of ineffective practices or the absence of effective ones. It seems to be a

combination of both, further complicated by the individual characteristics and experiences of each supervisee (Magnuson et al., 2000).

Supervision-specific models of supervision

It is not the aim of this thesis to offer a comprehensive literature review of all the models of supervision and therefore only the main strands will be described here with some models cited as examples to promote understanding. The supervision-specific models can be divided into developmental models, social role models, integrative models (Aten, Strain, & Gillespie, 2008) and the system approach to supervision models (Beinart, 2003; Palomo, Beinart, & Cooper, 2010).

Developmental models view supervision as a continuous process aiding the supervisee's progress towards greater proficiency (Aten et al., 2008). Developmental models describe processes in which supervisees develop through a series of steps to which a supervisor needs to adjust their approach in order to match the supervisee's level of development. These models concentrate on the development of either the supervisee or the supervisor (Beinart, 2003). The Integrative Developmental Model, initially developed by Stoltenberg and Delworth, aimed to address the criticism of early models (Beinart, 2003). In short, this model focuses on three structures: self and other awareness, motivation, autonomy. This model allows monitoring of the supervisee's development and sets the supervisor's task needed to aid this development. The development spans three levels (Beinart, 2003). Anxiety about performance and evaluation, focus on the self, high motivation and dependency on supervisor's guidance are characteristic of level-one supervisees. The supervisor's task is to provide structure, contain anxiety, be a role model and encourage development of autonomy (Beinart, 2003). Level-two supervisees are able to increase their focus on clients as they acquire sufficient skills. Their dependence and motivation vary according to the level of confusion and ambivalence experienced. The level of structure provided by the supervisor should decrease, with an aim of providing facilitative rather than didactic focus (Beinart, 2003). Stable motivation, ability to balance self-awareness and client's perspective and functioning at the

relatively autonomous level are typical features of the level-three supervisee. The supervisor should concentrate more on facilitating the supervisee's personal and professional integration and development of professional identity. The aim is to promote consistency in performance and work on identified deficits (Beinart, 2003). These levels are likely to vary across different professional activities such as intervention, assessment and interpersonal skills, client conceptualisation, etc. Beinart (2003) concludes, however, that the evidence supporting developmental models is limited and allows only tentative conclusions to be drawn.

Social role models provide the supervisor with flexibility to match supervision to each supervisee's needs. The models allow the supervisor to enact different roles in order to meet these needs and elicit growth through the supervisory relationship (Aten et al., 2008). Beinart (2003) noted that the most comprehensive social role model is the Discrimination Model developed by Bernard and Goodyear for supervisor training. Briefly, it consists of two axes (foci and role) and three supervisor roles (therapist, teacher and consultant), thus creating a matrix of nine options for supervisory intervention (Beinart, 2003).

The Systems Approach to Supervision was developed from the social role models, and puts the supervisory relationship at the centre together with accounting for contextual factors, i.e. the trainee, the client, the supervisor and the institution (Beinart, 2003). In summary, this model allows analyses of supervision episodes within seven dimensions: the nature of tasks, the function of the supervisor, the nature of the relationship, and the contextual factors (listed earlier). These dimensions, as part of the dynamic processes of supervision, are mutually influential (Beinart, 2003).

Integrative models draw on knowledge from various models and allow integration of techniques and applications (Aten et al., 2008). Aten et al. (2008) claim that their Transtheoretical Model of Clinical Supervision, adapted from the Transtheoretical Model of Change, integrates aspects of the main models of supervision and overcomes some of their shortcomings. As a model of change, it can facilitate the supervisee's growth and target any deficits. It aids the supervisor's understanding of how supervisees develop (Aten et al., 2008). This model describes the following six stages of change in

supervisees: pre-contemplation stage, contemplation stage, preparation stage, action stage, maintenance stage, and termination stage. Aten et al (2008) also describe 10 supervisor processes of change or interventions that can facilitate the supervisee's movement between stages (Aten et al., 2008). In summary there are five experiential processes and five behavioural processes. Experiential processes include consciousness-raising, dramatic relief (recreation of supervisee-client interaction within supervision to aid the therapeutic process), self-evaluation (of supervisee's self-image), environmental re-evaluation (supervisee's evaluation of their actions), and self-liberation (supervisee taking responsibility for their actions and choices) (Aten et al., 2008). Behavioural processes include stimulus control (avoiding or mitigating stimuli that impede growth), counter-conditioning, contingency management (reinforcement), social liberation (supervisee's socialisation as a professional), and helping relationship (within supervisory dyad) (Aten et al., 2008).

Supervision models adapted from psychotherapy research

Therapy-based models utilise psychodynamic, humanistic or person-centred, behaviour, cognitive-behaviour, systemic and narrative theories (Beinart, 2003). The humanistic models focus on the 'here and now': the feelings of the client and supervisee and the development of supervisees' self-awareness and growth (Shanley & Stevenson, 2006). The psychodynamic models concentrate on the interpretation of processes and relationships between supervisee, supervisor and client (Shanley & Stevenson, 2006). The behavioural models focus on the content of supervisees' sessions with clients which are intended to develop supervisee skills (Shanley & Stevenson, 2006). Although therapy-based models benefit from insight into therapeutic processes and from a greatly evolved theoretical base, they are likely to view supervisory experience from one preferred theoretical perspective and are at risk of treating supervision as a 'therapy session' rather than training (Aten et al., 2008). Supervision is intrinsically different from psychotherapy, however, owing to its educative, evaluative and involuntary nature (Palomo et al., 2010).

Supervisory working alliance

Sterner (2009) notes that there are differences between the supervisory relationship and the supervisory working alliance. The latter focuses on the relational bond between supervisor and supervisee, which is the agent of change. It also focuses on the supervisee's goals rather than on those of the supervisor (Sterner, 2009). Some of the factors not captured by the supervisory working alliance that are part of the supervisory relationship are the evaluative component, feedback on work carried out by the supervisee, and the supervisor's gatekeeper role (Sterner, 2009). The supervisory working alliance can be defined as a relational bond that develops between supervisee and supervisor as they work together on mutually agreed goals and identified tasks (Sterner, 2009).

Like any relational bond, the supervisory working alliance is dynamic and it changes over the duration of supervision (Ladany, Ellis, & Friedlander, 1999). It appears, however, that the supervisor's evaluation of the working alliance is more stable over time than the trainee's evaluation. It is hypothesised that this is because of the trainee's greater vulnerability and reactant nature (Burke, Goodyear, & Guzzard, 1998). With regard to this research project, it is the trainee who is mostly in control of what information is disclosed to the supervisor and therefore it can be hypothesised that it is the trainee's perception and rating of the working alliance that is more closely related to non-disclosure in supervision sessions.

The nature of supervision and non-disclosure

Supervision is a compulsory requirement whereby the supervisee is expected to be highly involved with little power. Therefore, it is possible that non-disclosure is a way of regaining some control within the supervision (Ladany, Hill, Corbett, & Nutt, 1996). It appears that non-disclosure in supervision is mostly attributable to its evaluative nature. Supervisees might be selective about what information they are willing to share and try to present themselves in a way that creates the optimal impression (Ladany et al., 1996). Overall, the literature suggests that supervisees in therapy training are generally forthcoming in terms of information-sharing (Yourman & Farber,

1996). Supervision has time limits and the supervisee needs to prioritise information that needs to be discussed in supervision (Ladany et al., 1996). It is not untypical of them to fail to disclose clinical errors and feel that they are not conveying the true picture of their therapeutic sessions. It is evident that they are more likely to withhold rather than distort information (Yourman & Farber, 1996).

Definition of non-disclosure

The term non-disclosure was introduced into the literature in 1996 with two studies conducted by Ladany et al. (1996) and Yourman and Faber (1996). Non-disclosure is a term preferred in the literature but it is not a well-defined theoretical concept. Some refer to it as wilful withholding of information (Hess et al., 2008; Yourman, 2003) whereas for others the term comprises everything that is not talked about whether it is significant or not (Reichelt et al., 2009)

Manner of information withholding

Non-disclosure in supervision can occur in two ways. Unintentional non-disclosure results from an inability to communicate the complex nature of the therapy or supervision session or to determine what it is appropriate to share. Wilful withholding results from the supervisee's decision not to share important information (Hess et al., 2008).

Wilful non-disclosure is largely passive; some 83% of supervisees admitted not mentioning information and observed that their supervisor had not asked for it either (Ladany et al., 1996). It was hypothesised that passivity is the most effortless and the least threatening form of non-disclosure. Other ways of non-disclosing involve telling the supervisor directly that one does not want to discuss something, which was the case with 4% of supervisees; some 10% of supervisees tried to divert the discussion to a different topic (Ladany et al., 1996).

Content of non-disclosure

According to Ladany et al. (1996) around 90% of supervisees did not share negative reactions to the supervisor, for example perceiving the supervisor as not understanding. The authors argued that this could be reflective of parallel processes in therapy sessions. On average 60% of supervisees withheld information about personal issues that were seen as non-directly related to the supervision (Ladany et al., 1996). Approximately 44% of supervisees did not share their clinical mistakes and worries about evaluation, and 43 % did not discuss general observations of clients. Not sharing negative reactions and feelings about clients, such as being fed up with clients, was admitted by 36% of supervisees (Ladany et al., 1996). Countertransference, such as identifying with clients, was not disclosed by 22% of participants. Any attraction between supervisee and client, and comments on supervisor's appearance, were not shared by 9% of supervisees (Ladany et al., 1996). A further 23% did not discuss their positive reactions to the supervisor (e.g. seeing supervisor as competent). Supervision arrangements concerns were not shared by 18% of supervisees and about 5% did not disclose their positive reactions towards clients (e.g. friendship feelings towards clients) (Ladany et al., 1996).

Hess et al. (2008) divided the participants in their study into two groups. In relation to the content of non-disclosure, supervisees in the good supervision group typically withheld information about clinical issues such as transference and countertransference and perceived mistakes. Supervisees in the problematic supervision group withheld information about problems with the supervisory relationship (Hess et al., 2008).

The results of a study conducted by Mehr, Ladany, and Caskie (2010) also indicated that 84.3% of trainees reported non-disclosure in supervision sessions mostly relating to supervision-related issues, such as negative perception of supervision and supervisor. Further personal life concerns were withheld. In addition to the results of previous studies this study reported new findings. About 20.6% of trainees withheld their worries about the supervisor's perception of the supervisee in both professional and personal contexts and worries about professional inadequacy (Mehr et al., 2010).

Reasons for non-disclosure

Ladany et al. (1996) identified various reasons for withholding information. Deference to the supervisor, attempts to manage the impression a supervisee makes, and appraising this as political suicide were the most prominent ones and were most likely to be associated with power differences and the evaluative nature of supervision. Other reasons were: considering the information as unimportant, its personal nature, negative feelings about non-disclosure, poor supervisory alliance, supervisor's agenda, feeling it was pointless, and appraising the supervisor as incompetent (Ladany et al., 1996).

As noted, Hess et al. (2008) divided the participants in their study into groups with good and problematic supervision. Both groups noted concerns about negative evaluation that would impact on their future and negative feelings such as feeling unsafe and vulnerable as reasons for non-disclosure. Also, the problematic supervision group noted concerns about power differences (personal and professional consequences), citing: demographic or cultural differences and supervisor's style or theoretical orientation; previous unsuccessful efforts to disclose; and disclosure not being worth the effort (Hess et al., 2008).

Reichelt et al. (2009) conducted evaluation of reasons for non-disclosure within a group supervision setting. They found that reasons for non-disclosure related to the following categories. Within the supervisory relationship category fear of hurting the supervisor, anxieties about the supervisor's criticism and being 'interpreted', and asymmetrical relationships were noted as reasons for non-disclosure (Reichelt et al., 2009). Professional questions and the professional role category attracted the following reasons for non-disclosure: the supervisor was perceived as professionally inadequate in terms of structuring supervision and conveying knowledge, students felt professionally insecure, and fears of personal and negative non-constructive feedback (Reichelt et al., 2009). Private issues were another category that attracted reasons such as not feeling comfortable in bringing matters up and seeing them as non-relevant to supervision and trainees feeling that the supervisor kept private issues outside the supervision focus (Reichelt et al., 2009). Personal reactions to the supervisor were also seen as irrelevant, as trainees felt that the supervisor left no room for this or they masked their

reactions to protect themselves from being therapeutised. Lastly, the frame for supervision category included aspects such as time pressure of group format and perceiving the supervisor as too busy and unavailable (Reichelt et al., 2009).

Importance and effects of non-disclosure

On a personal level non-disclosure affected both groups negatively, with all participants experiencing loss of confidence and competence, embarrassment and guilt. All participants also felt that non-disclosure negatively affected their work with clients, as they felt more anxious, were less present in the session, and felt less helpful and described the therapeutic relationship as less rich than it could be (Hess et al., 2008). Non-disclosure influences the supervisory relationship in turn, as supervisees noted disappointment and perceived lack of safety in the supervisory relationship and decreased involvement in future supervisions (Hess et al., 2008).

Overall, the importance of non-disclosed information was rated as average (Ladany et al., 1996). Interestingly, information that was not shared with the supervisor was then discussed with other people, mostly peers or friends in the field, or with a significant other. Matters discussed in this way were seen as most important for the supervisee's functioning as a therapist. It was evident that supervisees had a strong need to share this information with someone even if they felt that it could not be discussed with their supervisor (Ladany et al., 1996).

Method Section

Epistemological position

As with any research it is important to address the question of ontological and epistemological positions. The ontological position refers to assumptions about the known world, whereas the epistemological position concentrates on conception of knowledge about this world (Packer & Goicoechea, 2000) .

Over the years researchers utilising and developing grounded theory have adopted various epistemological positions (Mills, Bonner, & Francis, 2006). The creators of grounded theory, Glaser and Strauss, worked within the post-positivist ontological tradition, which is rooted in critical realism. They believed that one truth, reality, exists but it can only be perceived imperfectly (Mills et al., 2006). Since then grounded theory researchers have adopted various epistemological and ontological positions, such as feminism, critical thinking, post-modernism and constructivism (Mills et al., 2006). This demonstrates the great flexibility of this research method. For the purpose of this research project, the author has adopted the constructivist epistemological position, with its most basic assumption that all knowledge is constructed (Phillips, 1995).

Constructivism can be divided into two main brands: radical and social (Staver, 1998). Radical constructivism, whose most ardent proponent is probably von Glasersfeld, states that knowledge is not passively accepted but built within the thinking person (Packer & Goicoechea, 2000; Staver, 1998). It acknowledges that social interaction is vital for the development of this knowledge. The purpose of the created cognition is adaptive, allowing the individual to organise their world, and not to discover objective reality (Staver, 1998). In social constructivism, as represented by Driver, Gergen and Shotter, it is the language, its social and communicational characteristic (interactions and context in which it happens), that holds the central position (Staver, 1998). Both strands have much in common: active building of knowledge by members and within each member of a community, recognition of social interactions as vital to the building of knowledge, seeing language and cognition as adaptive and not seeking objective reality. The main difference is in their focus of study: radical constructivism concentrates on studying cognition and the individual, whereas social constructivism concentrates on language and groups (Staver, 1998). Staver (1998) argues that the division between these two strands is more or less artificial, and the author of this research project subscribes to the more generic constructivist idea: however, if one was asked, radical constructivism is more closely related to the aims of this research project.

Constructivist grounded theory is based on the relativist ontological premise and the subjectivist epistemological position (Mills et al., 2006). Constructivism places the researcher at the forefront. It highlights the interaction between the researcher and their participants and/or data and it highlights their underlying assumptions. The resulting theory is grounded not only in the participant's experiences but also in the researcher's experiences (Mills et al., 2006). Therefore, the researcher's history and its influence on the construction of theory need to be made clear via reflective memo writing (Mills et al., 2006).

Ethical approvals

This research project involved NHS staff and clients, and for that reason the local research and development (R&D) department was contacted for advice about ethical approval requirements. They informed me that they only required one favourable ethical approval and that the university's sanction would be sufficient (see Appendix H). Therefore, an application was first submitted to the University of Lincoln Ethics Committee and approval was gained (see Appendix J). Then all the required documentation was sent to the relevant NHS R&D department, who granted ethical approval (see Appendix L).

During the second year of training I became aware that the data custodian for audio- and video-recordings was planning to leave the Trust. I decided that owing to staff turnover and the risk of data being forgotten it would be safer to store all the data at the University of Lincoln. As the research is an essential part of the doctorate training, a system is in place within this institution to keep data safe and destroy them timely and in accordance with ethical approvals and policies. Amendments to ethical approvals were needed.

In summary the amendments meant that digital data (audio- and video-recordings) would be stored at the Trent DClinPsy offices, instead of the NHS premises as was stipulated in the original approval. Further, any outstanding transcription of the data would take place at the Trent DClinPsy offices (instead of the NHS premises). Lastly, there would be a change of data

custodian for these data after the end of the study. These amendments were easily dealt with via email with the Lincoln University Ethics Committee (see Appendix M). A new set of forms amended accordingly was needed for the NHS R&D department, however. The favourable response is included in Appendix N.

Brief definition of theory

In general, theory consists of a system of concepts with various levels of abstraction, which are organised so as to reflect the phenomenon the theory aims to explain (McLeod, 2010). Such a system enables the transfer of knowledge (Guthrie, 1946). In terms of this research project it is scientific instrumentalism's understanding of theory that is the most relevant to its aim. Scientific instrumentalism describes theories as intellectual structures of studied phenomenon and these do not need to represent structures in the real world and reach the ultimate truth as long as they offer explanations and predictions about the phenomenon (Cacioppo, Semin, & Berntson, 2004).

Similarities between grounded theory and theory-building case study

Many steps involved in the process of grounded theory and theory-building case study designs are similar, which is the reason why these methods complement each other well. Developing a theoretical starting-point is a common stage (Charmaz, 2006; McLeod, 2010). Specifically, the review of literature allows identifying gap within current knowledge and formation of a research question. Further, orientation in knowledge area then allows identifying the theory relevant data (Charmaz, 2006; McLeod, 2010). Purposive selection of cases (typical of theory-building case study) can be related to theoretical sampling. Immersion in case is also a process shared by the two methods (Charmaz, 2006; McLeod, 2010). The theoretical analysis of the data is the point at which these approaches diverge to some degree. Grounded theory is a method for the theoretical analysis of data, but only qualitative data (Charmaz, 2006). In theory-building case study design, however, this part of the process can also involve analysis of quantitative data

(McLeod, 2010). Therefore, various methods of data analyses can be employed at this stage, making theory-building case study research design a more generic and over-arching method. Refinement of the theory, theoretical generalisation and integration with existing literature are again a process shared by the two methods (Charmaz, 2006; McLeod, 2010).

Other methods of data analysis considered

Many approaches to qualitative data analysis exist. The following are those that were considered for the purposes of this research project.

Thematic analysis as outlined by Braun and Clarke (2006) was considered but excluded. It was hypothesised that although this method would allow formation of descriptive categories, these would be heavily dependent on the content of sessions. This method would not be efficient enough in capturing the complex relationships and processes underpinning these categories and thus not lead to development of theory.

Both versions of discourse analyses as described by Willig (2008) were evaluated. Foucauldian discourse analysis focuses on the role of language in the constitution of psychological and social life. Discourse psychology concentrates on individuals' use of discourse and its effect (Willig, 2008). Although both of these methods could shed an interesting light on the research question, the importance of language and its fine nuances is beyond my capacities, as English is my second language. Consequently, these methods were excluded.

Another method that was considered potentially appropriate was conversation analysis as described by Drew (2008). Conversation analysis views talk as action, not just a way of communication. It aims to capture the processual aspects of interaction (Drew, 2008). Extensive grounding in this method is required for rigorous research. Given the time-limited nature of this research project and my other commitments it was not possible to carry out this method.

In summary, although some of these methods could offer a way of answering the research question, the aim of this project was to create a theory and therefore grounded theory was clearly the most appropriate method.

Benefits of conducting small case studies

A series of small studies can be more beneficial in terms of discovering social realities than studies with a large number of participants (Stern, 2007). The researcher's dialogue with data and their co-constructions are an integral part of grounded theory. Therefore, a greater number of researchers with different backgrounds and viewpoints is more likely to contribute to the understanding of the phenomenon than the single viewpoint of one researcher (Stern, 2007).

Popularity of grounded theory

The appeal of this approach is diverse. Grounded theory justifies qualitative research in terminology familiar to quantitative research via the use of terms like data, validity, systematic. It allows one to justify rationale for research without the need for a hypothesis at the beginning of the process and employs a comparative approach (Bryant & Charmaz, 2007). A further advantage of grounded theory is that it offers explicit guidelines on how to conduct it (Charmaz, 2006).

History of grounded theory and its strands

Grounded theory was initially devised by Glaser and Strauss in the 1960s through analysing their own research work. At the time the majority of research was concentrating on testing and affirming theories rather than creating new ones (Charmaz, 2006). Glaser's background was in quantitative methods and theories, whereas Strauss's was in symbolic interaction and pragmatics. Together they aimed to overcome the shortcomings of their research backgrounds (Bryant & Charmaz, 2007). They aimed to produce a systematic qualitative research equal to quantitative enquiry. Glaser and Strauss aimed to demonstrate that systematic qualitative analysis is possible and can move beyond description to generating an explanatory framework and theory. They created a method that had a solid core of data analysis and theory construction, rendering qualitative investigation visible, comprehensible and replicable (Charmaz, 2006). During its early development, objectivist grounded theory provided a justification for doing qualitative research, whilst

retaining a positivist slant on the process (Bryant & Charmaz, 2007). Glaser and Strauss assumed that reality could be discovered, explored and understood. Although the authors recognised that the research process should include a dialogue as well as data analyses, they did not perceive this as a central point of grounded theory (Bryant & Charmaz, 2007).

The marriage of the two traditions eventually broke up (Charmaz, 2006). Glaser then continued to utilise grounded theory as a method of discovery, understanding categories as emerging from data, and relied on direct and somewhat narrow empiricism (Charmaz, 2006). In the 1980s and 1990s Strauss worked with Juliet M. Corbin and utilised the method for verification, which was criticised for forcing data and analyses into preconceived categories and disregarding the theory's fundamental tenets (Charmaz, 2006).

Alongside the development of grounded theory there was an epistemological shift towards social constructivism from the late 1950s onwards (Bryant & Charmaz, 2007). This position claims that people construct their realities through their actions. This process of construction is sustained and never completed. By the 1970s the relationship between knowledge and knower became a central issue (Bryant & Charmaz, 2007). Social constructivism began to teach researchers that data do not speak for themselves but rather the researcher engages data in dialogue. This theoretical paradigm has not however translated into research methods just yet (Bryant & Charmaz, 2007).

It was only later, after the year 2000, that Charmaz stripped the positivist mantle away from constructivist grounded theory (Bryant & Charmaz, 2007). Constructivist grounded theory occupies the middle ground between realism and postmodernism. It is realistic in trying to represent a studied phenomenon as faithfully as possible, accepting reality as multiple, subject to redefinition and indeterminate. It is interpretivist by acknowledging that data are conceptualised in some way (Bryant & Charmaz, 2007). Therefore, constructivist grounded theory creates limited and tentative generalisations and not universal statements. In this perspective, the researcher is an interpreter of the studied phenomenon rather than an authority defining it (Bryant & Charmaz, 2007). Glaser and Strauss talk about

theory emerging from data separately from the observer (researcher). In Charmaz's conceptualisation of grounded theory, the theory is constructed through people's (researcher's and participant's) past and present experiences and interactions with people, perspectives and research practices (Charmaz, 2006). The researcher's background alerts them to look for certain patterns, processes and possibilities in the studied data (Charmaz, 2006).

Description of grounded theory

Coding in grounded theory varies depending on which strand is chosen, but overall it involves at least two phases (Charmaz, 2006). The initial line-by-line coding allows researcher to stay close and open to studied data. Focused coding uses the most significant or frequent initial codes to integrate and organise large amounts of data (Charmaz, 2006). A decision is required to determine which initial codes are most suitable for categorising data. It is with focused coding that theoretical integration begins (Charmaz, 2006). Coding helps one to let go of preconceptions and it enables the researcher to think about collected data in a new way (Charmaz, 2006). Coding and the analytic process are interrelated; however, the coding does not fully exhaust the analytic process. Coding leads to development of categories (Dey, 2007).

Categories can be described as conceptual elements of theory (Dey, 2007). They are co-constructed from close analysis of data and achieve a higher level of abstraction via constant comparison, elaboration and integration (Dey, 2007). Categories are the bones of the theory, fleshed out by their various properties and relation to each other. Categories allow us to classify and describe the phenomena, but also to construct relationships within the various elements of theory. They offer a conceptual structure which allows for theoretical elaboration (Dey, 2007). Categories are not based purely on data but also on judgment of data based on our previous experiences and on our preferences (Dey, 2007).

Categories are grounded through the process by which they are generated, through engagement with data whilst letting go of any preconceptions (Dey, 2007). It is recommended to avoid detailed study of pre-existing literature and concentrate more on an overall interdisciplinary

overview, thus increasing theoretical sensitivity and avoiding a blinkered view. An open mind should not be confused with an empty head (Dey, 2007). The researcher can draw on previous knowledge in order to understand and explain the studied phenomenon. This guides his ability to identify theory relevant data. Categories must not be forced upon data, however (Kelle, 2007). It is not possible to let go of preconceptions completely, but it is important that they are always subjected to further investigation and refutation whenever possible (Dey, 2007). Categories are grounded when they offer logical and economical accounts and explanations of empirical observations. They are grounded through a systematic appraisal and dynamic process that are involved in their development (Dey, 2007). Graphic representations also provide a way of grounding categories, whether in tables, maps, diagrams or matrixes (Dey, 2007).

Memos provide that methodological link that allows the researcher to transform data into theory (Lempert, 2007). Through capturing processing accompanying the research process (such as coding, sorting, analysing) the patterns are discovered. Memos conceptualise data in narrative flow and help to increase data abstraction. They allow researcher to formulate ideas, explore them and use them in building the theory (Lempert, 2007). Any form of memo is acceptable (diagram, sentences, words), i.e. whatever helps the researcher to take account of his/her internal dialogue with him/herself and the data (Lempert, 2007).

Theoretical saturation is reached when the ideas run out, when no additional data are found that would enable the researcher to develop categories and theory further and additional data make no difference (Dey, 2007).

Case study research design

Supervision sessions are best studied in their natural environment as they happen. When a phenomenon which one wants to understand fully cannot be separated from its context then case study research design is particularly useful (Baxter & Jack, 2008; Gillham, 2000; Yin, 2009). Being able to study things in their natural environment helps to bridge the gap between

real-life practice and research and build practice-based evidence and evidence-based practice (Edwards, 2007). Although case study research design has been available within psychology for a long time, it has sometimes been neglected by mainstream research methods (Toomela, 2007). Recent publications of guidelines by Dunbar (2005), Gillham (2000), Hammersley, Foster, and Gomm (2000), McLeod (2010) and Yin (2009) help researchers to achieve the required scientific rigour by reviving this research method.

Case study research design often collects rich and varied data (often via mixed-method design) and uses triangulation. This, together with a clear chain of evidence, increases the construct validity of case study (Yin, 1989). Construct validity is also promoted by the use of established psychometric tools and clear specification of how the supervision was captured. In line with Yardley's (2008) recommendations, the validity of analysis in this research was increased via longitudinal data collection and through discussions with the co-investigator (research supervisor), memo writing and a reflective log. External validity was achieved through theoretical generalisation and not generalisation of the population, and internal validity related to evidence-based explanation building (Yin, 2009). Reliability was also increased by building the chain evidence, together with a data base and utilisation of case study protocol, all of which allow replication (Yin, 2009).

Theory-building case study research design

McLeod (2010) defines various types of case studies based on their aim. This research project utilises theory-building case study design. The aim of this method is to explore case material and search for a better understanding of the phenomenon through building a theory about it. Conducting a scientifically rigorous theory-building case study requires a set of successive steps (McLeod, 2010). Developing a theoretical starting-point is the first thing the researcher needs to do. This gives an overview of the knowledge base and recognition of some theoretical concepts. This helps to identify the gap that the case study aims to address (McLeod, 2010). Following this, the case needs to be selected purposively. This case needs to be able to offer data needed for exploration of the studied phenomenon

(McLeod, 2010). Once the case is selected then the researcher needs to build a rich case record, usually from the various sources that are relevant to detailed exploration of the phenomenon and building of the theory (McLeod, 2010). Then follows discovery-orientated immersion in case, which helps the researcher to let go of any preconceptions. Theoretical analysis of the data (qualitative, quantitative or mixed methods) is the next logical step (McLeod, 2010). In the case of this research project grounded theory was used to accomplish this. The researcher needs to see whether the emerging theory has any gaps and whether it represents the case fully and accurately (McLeod, 2010). Revising the theory and then applying this to further cases (in multiple case study design) are the last steps identified by McLeod (2010). In addition to this it has been suggested that the developed theory should then be integrated with the existing wider literature (Eisenhardt, 1989).

Recruitment

As the ethical approvals were gained at the end of August, a few weeks before the end of the placement, clients who had already been discharged had to be contacted and informed about the study via letter. These clients were sent the information sheet and two consent forms and were asked to send one copy of the consent form back to the researcher (at the university address) if they were willing to take part. A few clients were still being seen by me at this time. These clients were approached in their discharge session. They were told that participation was completely voluntary and that any future treatment or care would not be affected by their decision. Even if they immediately expressed a wish to participate I did not accept their decision at the time and invited clients to take the forms home and think about it. All clients were provided with pre-paid envelopes to send their responses back.

The research idea was discussed with the placement supervisor before the ethical approval was gained and during development of the research project. It was vital to have a preliminary idea of whether the placement supervisor might be interested in participation. The supervisor was then officially approached after the ethical approval was gained, a few weeks before the end of the placement. The supervisor was seen as being in the

position of power in this dyad and would therefore be at liberty to refuse participation.

Other data collected during my clinical placement

The data that were deemed as most suitable to answer the research question were selected once the research project was designed and these are described in the journal paper. It is important to mention here, however, that a more extensive data pool was available as a result of the agreed routine placement practice and the chosen data were not created specifically for the research purposes.

Qualitative data

Two supervision logs were kept as evidence and reminder tools of supervision sessions and tasks agreed. A brief supervision log captured the short conversations and agreed tasks between me and supervisor outside the formal supervision. Apart from the brief log, a main supervision log recorded tasks and agendas of the formal supervision sessions.

Audio-recordings of therapy sessions with clients were also collected for all the clients who consented to this. This is a well-established practice during training and allows both the supervisee and supervisor to work on improvement of clinical skills. In addition to this, as the audio-recorder was readily available after the client sessions, I also recorded a free-flowing recall of the therapy session after each session. This helped me to reflect on what had happened in therapy sessions and also served as a prompt for writing up clinical notes.

Clinical notes from each session were written in each client's file and were potentially part of the available data pool.

The Working Alliance Inventory (WAI)

The Working Alliance Inventory (Therapist Short Form) was originally used to reflect on therapeutic relationships with clients. This Inventory is a well-established self-report tool with good internal reliability (0.92), alpha coefficient (0.90) and test-retest reliability (0.73). WAI captures three aspects

of the therapeutic alliance: the bond, the agreed goals and the tasks. Only the Short Therapist version was used. This measure consists of 12 items rated on a seven-point Likert scale, ranging from never to always (Martin, Garske, & Davis, 2000). The Working Alliance Inventory was developed by Adam O. Horvath in 1986 (Martin et al., 2000) . Professor Horvath was contacted via email for permission to use this tool for the research purpose.

Permission to use the LASS

The Leeds Alliance in Supervision Scale (LASS) was developed by Nigel Wainwright in 2010 within his doctoral thesis. He was also contacted via email and his consent to the use of this scale within this research project is included in Appendix O.

Description of the supervision sessions

It is important to note that the data gained from the LASS indicated that this supervisory dyad enjoyed a very good supervisory alliance throughout the supervision. When a mean of the three scale items was calculated the lowest rating was 69.7 and the highest was 97.2 out of a total 100. It is possible though that this might have limited the richness of available data.

In line with the epistemological position the quantitative data were not understood as interval ratio data. Rather, these were viewed as qualitative indicators that supervision sessions were perceived differently by me and that some of these might have been perceived as better than others.

Additional description of analytic process

Transcript analysis

Transcripts (a sample transcript is available in Appendix R) were organised into three columns. The first column contained the verbatim transcript, the second column was used for initial line-by-line coding and the last column was used for focused coding. The use of line numbers allowed a chain of evidence to be created and navigation within the materials. Following the analysis of each transcript the focused codes were organised into a mind

map (a sample of which is available in Appendix S), allowing a quick overview of the developing theory. The mind map also allowed vital processes to be extracted rather than just descriptive categories. In order to create a chain of evidence, find patterns, and unveil gaps or unanswered questions, the focused codes for each session were organised into a table (in order of appearance) with examples of supporting quotes (a sample of which is available in Appendix T). This whole process facilitated immersion and formation of overarching categories later in the process. This process was repeated for all the sampled video-recordings of supervision sessions.

Theory generation

Once the first three sampled sessions (one with the lowest rating, one with the highest rating and one with an approximately average rating) were analysed in this way the first draft of the theory was created. This contained all the focused codes from all three transcripts. This was done via the use of post-it notes on the wall, which allowed space to view the developing theory clearly and shift codes around as and when needed. This draft was then refined and elaborated with each successive analysis of the supervision sessions. At this stage the focused codes were simply added to the expanding theory (please see Appendix U as evidence of this process). After it was clear that saturation was reached all of the focused codes were reviewed and organised into categories that fitted with the overarching theory and the data. Please see Appendix V as an example of codes being collated into a category.

Memo writing

Memo writing was essential in the analysis process. It helped me to concentrate on the research question, not to 'drown' in the data and at the same time not to become too constricted. For example, below is an example of a memo entry where I debate the relevance of some data.

"Small-talk, still not sure what it does, whether it is more of a relationship building tool?"

Memo writing captured many emerging thoughts from the coding phase and guided the creation of categories.

“It seems I’m eager to share more info in shorter span of time mainly when work with clients is going well? How is this important relevant to my question?”

Line-by-line coding is very useful in capturing the detailed information and nuances but one is at risk of losing the overall theme or ‘feel’ of the supervision session that is information in its own right. This was also captured within the memos and considered within the analytic process.

“The overarching theme of the whole supervision very much seems like constant self-defence, to convince supervisor that my clinical skills are not really that bad?”

Determining saturation was also aided by the information capture within the memos. The following entry prompted me to take a short break from data analysis towards the end to see whether this would lead to new perspectives on the data and uncover new information.

“How does one differentiate saturation from blindness induced by over-immersion or over-exposure to data and tiredness?”

Supporting quotes

All supporting quotes presented in the Results section are examples of supporting evidence. Numerous quotes supporting each category were collated when focused codes were extracted (see the transcript analyses section) and the best examples were selected as supporting evidence within this extended paper and the journal paper. Quotes were judged to be the best examples if they demonstrated as many nuances of the category as possible

and were anonymous or generic enough to prevent any chance of the participating supervisor being identified.

Reflection

Being an author as well as a participant in this study did present some challenges. The reflective log helped me to capture and consider these. Preconceptions and biases are inherent in the way our minds work; one can try to avoid and control these as much as possible but sometimes it is just a question of acknowledging and embracing the fact that they exist and are inseparable from oneself. It is possible that being a trainee and studying a population of trainees might make me an 'expert participant'.

Within the reflective log it emerged that I enjoyed some parts of the work more than others and this raised the question of whether equal attention was given to all aspects of this project. Being aware of this helped me to monitor consideration given to tasks.

"I even enjoy transcribing the high rating sessions more. They are interesting and engaging. I find myself at point holding breath, eager to see what comes next."

Conducting qualitative research is, like any research, hard work. Being tired or overwhelmed by the amount of work is potentially detrimental to the rigour of the work throughout the whole process. There were times when I felt challenged by the task and this was noted within the reflective log, which helped to modulate the pace of work and thus possibly improve its quality.

"I'm so tired and fed up, god knows how much attention am I actually really paying to this..."

On the other hand, however, this research project has been an amazing journey of self-discovery and learning, which is best explained by the following statements.

“I’m learning a lot about myself and how I communicate both verbally and non-verbally. Something to be aware in next supervision and maybe self-reflect on changing my practice if needed indeed.”

“It’s also helpful to listen back through all the advice my supervisor has given me a good refresher course.”

Lastly, I would like to point out that I have been described by various people as an ‘easy to get on with’ person, open and reflective. These are characteristics worth noting, considering that I was the only trainee participating in this project that looked at information-sharing. Although this research is not intended to be generalisable, better understanding of participants can help sampling strategies in future research (e.g. looking at information-sharing with a trainee who is less open or agreeable).

Results section

Factors that promote information-sharing attributable to the supervisee

Supervisee volunteers information because it is expected

I seem to come to supervision with an agenda to discuss. For example, this included my initiative to set up the focus of supervision on clients.

Se: Shall we start with clients then and then...

Sr: Yeah

Se: do the.. ehm ... right with G

Sr: Yeah

Se: she was a bit upset at the last session, because she hasn’t slept very well.

Sr: Hm

Se: So when she doesn’t sleep very well, she can’t cope with the stress, her husband doesn’t help her to cope with the stress either”

S3 (11-22)

The subsequent discussions often concentrated on what occurred in the last therapy session or since the last supervision, with me trying to be as comprehensive as possible. Further, this included suggestions for future work and plans provided by me rather than me always waiting for the supervisor to initiate these discussions or offer advice.

“Se: so yeah, she had a good little cry in a session, bless her.

Sr: (smiles)

Se: There was something else, something else I wanted to say with her. Because we have talked about her passion for the language and feeling misunderstood.

Sr: Hm”

S11 (998-1005)

“Se: so I think it’s just carry on working on the self-esteem and carry on pointing things in the session.

Sr: Yeah

Se: If she does start to catastrophise or if she starts to do black and white thinking. Although she does that for herself most of the time now, which is quite good.”

S3 (330-337)

“Se: And I think that’s all I had, all I could remember

Sr: Yeah I can’t say I have got any other issues...”

S19 (1063-1066)

Although client work might be the main focus of supervision other topics are often discussed and tasks are allocated. It appeared I was aware of this and gave feedback on previously discussed topics and agreed tasks.

“Se: and work on that thought, explore the thought first and then work on it and see what happens, what’s the evidence for and against.

Sr: (nods)

Se: But yeah, that's her, that's her session pretty much sorted.

Sr: Yeah (nods)

Se: I looked on the CAT training day.

Sr: Hm

Se: It's actually November but I contacted _____ (university manager) and she said it's fine if it's paid for.

Sr: Ah

Se: But (laughs) the trouble is, it clicked with me well if it is November I need to check which days are teaching days because we are not allowed to have any trainings outside, we have to attend all the teaching days"

S19 (527-550)

Looking at the distribution of this category (factor) over the timeline of supervision and the rating of supervision it would seem that this category appeared across the whole range, in supervision early in the placement and late in the placement, and in supervision with the higher and lower ratings. As will become obvious later in the text, this category relates to other categories within this section as would be expected; however, it was felt, and the evidence suggests, that this factor was different and distinctive from others, such as the supervisee's willingness to share information in an attempt to seek help that is described later.

Supervisee shares information to seek help

Interestingly the supervision session with the strongest supervisory alliance was the one in which I actively set the main focus of the session on confusion about a therapy session, seeking help and clarification from the supervisor. This category suggests that I understand the educational nature of the supervision session. This allows the hypothesis that the I felt safe enough to work openly on my shortcomings because of the good supervisory relationship. The supervisor's friendly and understanding stance was likely to reinforce this relationship in turn.

“Se:....and I have highlighted some of the parts.... Which I was kind of not sure. Listened to it, still don’t know why I suggested we end up early. Because she was actually saying, I know the pain the pain is always there and I can’t let it to stop me, to which I said, shall we stop early (mocking voice and laughs).

Sr: (smiles)”

S1 (14-25)

This category was also present in the supervision sessions with lower ratings but it appeared to be qualitatively different. It seemed to concentrate more on logistic issues or simpler tasks rather than client work. It is not however possible to say whether this is because I did not want to bring these questions up or perhaps did not have as many questions of this kind in supervisions with lower ratings.

“Se: What I think I still need to ask you, because the case study that is the formative one which is due,...

Sr: Yeah

Se: I need to have a consent, that the client has consented to it being a case study, but I’m not allowed to take the actual consent which has got identifiable data. You are supposed to write some kind of a letter or something which says yes, the client has consented to be case study and the consent is form in clients file.

Sr: hm “

S21 (1137-1150)

Supervisee presents information that demonstrates good work

This category was another one that was present across the supervision sessions with various ratings of supervisory alliance and in different times. In some situations I initiated the discussion about a successful piece of work, in others this occurred in response to supervisor's questions or suggestions.

“Se: and we have talked about her self-esteem and why does she always push herself so much, why is the perfectionism still going and she actually quite naturally herself came back to the fact that her parents are always just punishing and criticizing.

Sr: (nods)

Se: No matter how well she did it was never good enough and then I just said, and she was still relatively calm, presenting in kind of a I’m telling the story sense, and then I said well I wonder if there is the little G somewhere there still,

Sr: (smiles and nods)

Se: who just wants to hear her parents to say we are really proud of you you have done really well.

Sr: (nods)

Se: And she just broke down to tears (laughs).

Sr: Well done, good”

S19 (311-336)

“Sr: yeah, and actually explained what you are actually doing so

Se: yeah

Sr: yeah, that would be good.

Se: because she really, she was kind, of a like, oh this really seems to be working for me, it seems to be getting me on the right track, she had counseling before but it didn’t seems to have shifted her that much

Sr: oh, good

Se: so”

S22 (1575-1585)

Supervisee shares information to provide rationale

This category seems in some degree to relate to the previous category of presenting good work. It seems that I, by providing the rationale for my hypothesis, decision and actions, am trying to demonstrate that there was a reason behind the performance. It is possible that by presenting this information I am indirectly trying to check with the supervisor whether the

reasons were valid and if so demonstrate my abilities. If however this reason seemed inadequate, this often became an opportunity for me to learn and develop.

Se: ... I think... I think to some degree, because she looked in pain, she really looked worse then ever

Sr: hm

Se: so I think I was reacting to her body language, I think I was trying to convey the message that it's OK to look after herself.

Sr: (nods)

Se: But didn't really click with me that actually working in a session is

Sr: (nods)

Se: looking after herself to some degree. I guess because I used to have a really bad back sometimes

Sr: hm

Se: I know what a really bad (stressed) pain can feel like and how it actually affects the ability to get around a normal life.

Sr: hm (nods)

Se: So I guess I was probably empathizing a little bit too much...

Sr: (nods)

Se: or almost colluding with her...with the pain, thinking actually I I pretty much know, well I know that everybody has different experience

Sr: hm (nods)

Se: but I know what it is like when the pain is really really bad, how different it is to when the pain, yeah it is there but I can live with it today

Sr: yeah"

S1 (362-392)

"Sr:...but it was then odd sort of last session we had

Se: Yeah

Sr: with her was the laughing..

Se: Yeah, well I kind of a thought is she just over-tired, because I had that once when I was literally just killing myself working

Sr: hm (nods)

Se: and I was working nights, going to uni at days and I was absolutely exhausted

Sr: (nods)

Se: and there were points at 3 o'clock in the morning when I would laugh at every single croissant that came

Sr: (nods)"

S2 (61-75)

Interestingly, in the supervision sessions with lower supervisory alliance this category seemed to have more of a sense of self-defence rather than collaborative work described above. This self-defence did not seem to have been particularly triggered by the supervisor, but to be more related to topics discussed that were potentially shaming for me (e.g. discussing failed university assignment). Further, whereas the examples of this category found in sessions with higher supervisory alliance rating related to both shortcomings and hypothesis making, it seems that in supervision with lower ratings these related to what appeared to be shortcomings only.

"Se: I'm just pushing too much on her feelings

Sr: hm (nods her head)

Se: but that's because I was told before that I'm avoidant of the feelings

Sr: (nods head in understanding)

Se: and we haven't managed to get any feeling out of her so far to put in our formulation

Sr: (again nods head in understanding)

Se: so I'm just pushing aint' I (nervous laugh)

Sr: (nods and smiles)"

S22 (109-122)

Supervisee shares information to connect with supervisor

Another factor (category) that was found important in promoting information-sharing across the supervision sessions was my attempt to connect with the supervisor. This related to daily and relatively unimportant

aspects of working life. In this context it was harder to determine whether these were just instances of passing the time or examples of 'small talk' (a conversation happening for its own sake) or matters being attended to by the supervisee on a conscious or unconscious level.

"Sr: I left the other one in the draw, and forgot to pick it up.

Se: I seem to be doing those sorts of things all the time now. Keep forgetting to take my tooth, keep forgetting to take my badge, got the tooth today but not badge (laughs).

Sr: (friendly smile in return)"

S22 (18-25)

Other examples make it apparent, however, that I offer information to show appreciation of the supervisor's help, advice and support in both more subtle and also more overt ways.

"Se: and it really kind of a clicked with me today, do you know when we talked about it quite a few, well probably months back, picking the right diary

Sr: Yeah

Se: for what I actually want to find out?

Sr: Hm

Se: And that really clicked with me today, because I was looking on the get self-help website and they have got 50 million thought diaries there

Sr: Yeah (smiles)

Se: now for self-critical thoughts, self- esteem and they are slightly different but it really, because there is so many of them now

Sr: (nods)

Se: it really pushes me to think that actually what I actually want

Sr: Actually want (speaking at the same time and nodding)

Se: to find out, in the end I just printed out the usual thought record, rather than the self-critical voice because that has not had the two separate columns"

S19 (463-493)

“Se: I completely lost everything and I was just like, what do I do now?
(mimicking crying voice)

Sr: Yeah

Se: But I have been rebuild now,

Sr: (nods and smile)

Se: no thanks to the course though (slightly angry)

Sr: (smiles)

Se: thanks to my clinical supervisor and my practice.

Sr: (laughs)

Se: So I feel much better to actually do it.

Sr: Yeah (nods)

Se: Much better.. I feel normal again, I feel human in myself again

Sr: (smiles and nods)”

S2 (1234-1258)

Factors that promote information-sharing attributable to supervisor

Supervisor engages with the supervision

The supervisor’s willingness to help me became an obvious factor that contributed to my willingness to share information. This was evident in the supervisor’s proactive approach to planning supervisions rather than leaving the responsibility for keeping up with this to me or forgetting about it all together. Further, the supervisor appeared keen to help with both interesting client work issues and with the more mundane task of checking my letters, including grammar issues.

“Sr: so we booked supervision at Friday yeah, so what we will do we will just video that session, so that one might be good, we can do a little bit of relaxation in that one, you can show me, lead to, do some relaxation maybe...

Se: Yeah we did just the, we did with G basic breathing relaxation today.

Sr: Great

Se: So done that today once already”

Snr (939-948)

“Se: ...I have got a letter for _____ Gp as well,

Sr: yeah

Se: non-discharge one (smiles) .. that’s the letter (hands it over)

Sr: (smiles)

Se: I had a discharge one ready for him as well, but that’s stored on my computer now. I was trying to put a bit of formulation in there that _____ [clinical tutor] wanted since the last meeting, in a human words.

Sr: (smiles and reads) Less chance of meeting people rather than lessened (Sr comments on grammatical mistake)

Se: good (smiles) I will learn the language one day (smiles)

Sr: (smiles)

Se: in a distant future. (laughs)

Sr: Right I think it would be better to put, therefore we have agreed to work on _____ within a cognitive behavioural framework

Se: (nods)

Sr: (keeps reading letter)”

S3 (1041-1063)

“Se: Yeah I think we will need to go the, when I say it second [time], revisit it again

Sr: Yeah, yeah let’s see what happens at that point

Se: Do you want to go forward to it?

Sr: Yeah, can we? Do you know at what point it starts?

Se: Yeah, pretty, almost kind of a, I listened to it yesterday”

S1 (420-430)

It can be hypothesised, however, that the supervisor’s engagement was likely to aid the supervisory working alliance in turn and thus improve

chances of information-sharing, contributing to a cycle, the beginning of which is hard to find.

Supervisor praises supervisee

It is only natural that if one is praised one is more likely to do what engendered praise in the first place and information-sharing was no exception to this rule. This category also relates to the category of 'Supervisee presents information that demonstrates good work' as a part of conversational pattern. This category contains both verbalised praises as well as less obvious approval of work. Supervisor's praise has its own value as well, however, even in situations where I was not obviously concentrating on good work only.

Sr: Well done.

Se: That was quite interesting I thought.

Sr: Nice isn't it?

Se: Yeah

Sr: Not to make someone cry obviously

Se: No but

Sr: but just to say something

Se: Yeah

Sr: and what's quite often just a small thing, some of it is thoughtful, some of it is more of an instinct

Se: Yeah

Sr: but to then get the immediate emotion response to it and that can be whole range of emotions

Se: Yeah, just tap the important thing.

Sr: And they are important therapeutic moments, yeah.

Se: And I think that's why she, I think she also she realized herself that.

Sr: Sounds like she recognized it

Se: Yeah there is and she said she still is waiting for her father even though he abandoned her, even though he is somewhere in America

Sr: (nods)

Se: he is not in touch; she is still waiting for her father

Sr: Yeah

Se: to come back get in touch with her and be her father (laughs)”

S19 (358-396)

“Sr: That’s a big difference.

Se: (nods) Yeah definitely. She stops talking when I start

Sr: Yeah

Se: which is a new thing. She took three or four bites to eat that tiny little raisin. (smiles) I was actually just (laughs and imitates throwing something in her mouth) quicker then she was

Sr: (smiles)

Se: to be honest. But it was interesting because as we were doing the mindfulness she was actually talking me through her thoughts as they were going, so she was actually literally describing the raisin”

S19 (477-491)

Supervisor relates to supervisee

This category encompasses possibly the widest range of skills and aspects initiated by the supervisor that promote information-sharing by me. This includes a friendly approach demonstrating understanding, supervisor using self-disclosure and acknowledging my difficulties and struggles. Techniques often used were active listening and therefore this category closely relates to the ‘Supervisor using counselling skills’ described later.

“Sr: Sometimes they say something, you can’t, it sort of got lost in 6 sentences back.

Se: Yeah, yeah, and I very often get that with her, because I’m a very slow thinker, anybody who is quite talkative, anybody who is quite quick on giving me lots of information..

Sr: (nods)”

S1 (204-211)

“Se: but I’m now obsessively checking my emails, like every hour

Sr: (smiles)

Se: just to see whether email came through (very quite voice, mimicking something ???).

Sr: (smiles)

Se: (laughs) I know I like to torture myself.

Sr: I, I would be doing the same, I can't say much. Yeah, when you waiting, when it's imminent.... yeah

Se: Yeah, I wasn't really thinking about it, but then I realized it's has been 5 weeks now.

Sr: Yeah, as the weeks count...

Se: and think ok, plus there is the anxiety of the upcoming assignment, so I have got a little bit of heightened, anxious level at the moment.

S11 (137-155)

The supervisor showed a good ability to pick up on my anxieties about self and the client work and responded to this with demonstration of understanding as outlined above but also through offering reassurance and giving me hope for the future.

"Se: a little bit more. The self-esteem is coming up slightly as well.

Sr: Yeah

Se: It's a little bit wobbly (smiles), it's not set in yet.

Sr: Which it will be

Se: Yeah

Sr: Because of, because of her circumstance...

Se: Yeah

Sr: Yeah

Se: So I think it's just carry on working on the self-esteem and carry on point things in the session.

Sr: Yeah

Se: if she does start to catastrophise or if she starts to do black and white thinking. Although she does that for herself most of the time now, which is quite good.

S3 (320-337)

What also seems to be a very important aspect of the supervisor-supervisee interaction within this category is the supervisor aligning themselves with me against 'it', be that a task, difficulty or external factor causing distress.

"Sr: (puts headphones back on) right, let's have a ... (she watches and listens further to the DVD recording) ohhhh (smiles with a sympathy)

Se: (smiles)

Sr: You can just see that: 'I don't want to be here'

Se: No (smiles)

Sr: I'm really annoyed with you, you are a cow, I don't really care, couldn't care less.. [Sr 'mock's the actress]

Se: and I just wasn't getting her, I wasn't, I'm still not getting her

Sr: ehm

Se: I was sitting there, thinking, I'm getting this so horribly wrong, I just don't know how to...

Sr: how to, how do I get back out of it in some way.

Se: Yeah

Sr: Yeah, so then panic starts to set in.

Se: yeah

Sr: As I said that, that is really awkward and to throw it where you then put on the spot...."

S22 (455-484)

Collaboration

Collaboration was one category that was very difficult to confine to one part of the supervisory dyad only as it obviously involves two parties. It was felt, however, that within this supervisory dyad the collaboration promoted by my information-sharing was instigated by the supervisor. This included the supervisor giving or rather entrusting me with the decision, and asking for my opinion. Interestingly, this also involved the supervisor's openness and

honesty in terms of not knowing the answer and discussing things with me to seek solutions together.

Se: which I thought OK, this is just not her ... exaggerating, not exaggerating, but

Sr: Hm

Se: but kind of a

Sr: Yeah (nods)

Se: this is actually really weird.

Sr: Yeah, yeah and she sort of said about skin and things and those sorts of things but

Se: Yeah

Sr: but she is not, it's not like she is on any new medication, or, because you know with medication you can get side effects, and..."

S2 (46-58)

Se: he is, the thought record will actually capture the depression side of it

Sr: (nods) It will....it will give you a real, it will hopefully expand a bit more about what those triggers are to things.

Se: Hm

Sr: What's actually happening at the time and .. hm, see you know, it's up to you making the decision what you think is appropriate.

Se:Hm

Sr: But it's thinking about what information do you need...

Se: To know.

Sr: to know and what's going to, you know, what's going to help with that....

Se: I think thought record is going to be much more flexible with that.

Sr: OK...

Se: ...Yeah...

Sr: (nods)

Se: Yeah, definitely.

Sr: Have both.. have both ready and

Se: Yeah

Sr: and then you make the decision based on what he actually brings...

Se: I think that's a good idea because he is not... yeah, see, yeah see what he brings, because I can't see much of the anxiety in him, when he is in the session"

S21 (256-289)

Supervisor teaches supervisee collaboratively

This category also penetrated all data across the supervision sessions at different times and in supervisions with different supervisory working alliance ratings. Teaching often happened through the supervisor sharing their opinion with me, offering explanations, using everyday life experiences to allow me to understand the client's experiences, using examples from their practice and offering advice directly.

"Sr: There is more and more restrictions. But there will still be the differences between somebody who is quite tentative and somebody who will push a client more. Some do but sometimes then clients drop out. ...

Se: Yeah

Sr: And then obviously the clinician goes oh well they were not ready for the therapy then... that is their approach.

Se: (smiles) Yeah, everybody needs to protect their egos. (laughs).. But yeah I need to find my own style. I guess what I worry in a sense, why I don't really trust my confidence is that I worry I get too blind.

Sr: well that's where the reflections comes in"

S11 (1778-1795)

"Sr: (smiles).. but as I said, getting some more information actually on the worries, because at the minute it is, it's, we know they are both there, obviously we know low self-esteem is going to come in, as we said most things come with a low self-esteem.

Se: Yeah

Sr: And that's work that can be done within GAD anyway, but it's about seeing are there other worries, or are they just pretty much focused on children, which...

Se: Actually

Sr: it might be more worth while to do the low self-esteem.

Se: Now to think about it in the last session, when we were talking about diaries, why she hasn't do them

Sr: (nods)

Se: why she hasn't done them, and then in the session we were talking about doing them again and she just she was saying, I was going to do them, but then I lost the pen, and then I couldn't find the pen and I don't like pencils and I started to worry that I didn't have pen

Sr: (nods)"

Snr2 (413-448)

The supervisor's giving advice again has a more ambiguous role in information-sharing. As this factor had an important role in promoting information-sharing, however, it was decided that the promoting aspects of advice giving would be explained in this section, and the ambiguous ones would be described later.

Supervisor uses counselling (conversation) skills

The use of counselling skills was a category that to a great degree influenced and possibly even underpinned all the other factors influencing information-sharing that were attributable to the supervisor. Active listening, minimal encouragers, paraphrasing, summarising, and reflecting were all present in all of the sampled supervision sessions.

"Se: came through, but that was just an absolute exhaustion. So I thought, ok I'm thinking she has got ME I was beginning to think well maybe it might be exhaustion but

Sr: (nods)

Se: but this was just really...

Sr: (nods)

Se: really weird (laughs)....

Sr: (nods)

Se: I thought where is that coming from.

Sr: (nods)

Se: And I kind of think, she started of 'Oh I probably brush these things of' and I thought she would come up with few laughing episodes and I thought is this happening more often"

S2 (76-91)

"Se: and that's what _____ (course personnel) this is all about how you feel and I said I know but I just can't get hold of my anxiety but yeah it's about how I feel.

Sr: Hm (nods)

Se: I just don't really listen, I do listen but not really listen

Sr: Yeah because you are caught up in your own processes.

Se: Yeah because I'm caught up in my own anxieties in my own, oh it must have been 10 minutes by now, what am I supposed to ask, ____ (examiner) is there, camera is there she is just being really mean

Sr: Yeah and oh what was she saying I don't know now.

Se: Yeah

Sr: Because I actually just lost .. (nods and smile)

Se: Yeah, completely, the plot (laughs).

Sr: yeah"

Snr (519-539)

Part of counselling skill is the ability to ask questions, and it was this skill that had an ambiguous role in information-sharing so this skill was removed from the group and is described later.

Factors that hinder information-sharing attributable to supervisor

Supervisor teaches supervisee - lack of collaboration

This is a category that could be described as the supervisee 'being talked at'. It is difficult one to evidence and explain because the verbal dialogue that took place is too restrictive and does not encompass the non-verbal language captured on DVD and further non-verbal language is hard to describe in transcripts. To demonstrate this point, more of a summary is needed.

First it is important to note that this was a single occurrence captured in a supervision session with almost the lowest rating. Although it was a single occurrence its significance and importance became obvious almost immediately. Within this supervision session the supervisor talked at length to demonstrate the importance of capturing thoughts with the right tool and about how to gain all the information necessary to fulfil thought-challenging, behaviour experiment and activation. On this rare occasion the supervisor talked for the majority of the time instead of eliciting my thoughts. This happened over five pages of transcript. Although I did talk a little during this passage, qualitatively this information was 'empty', often just repeating supervisor's statements. This appeared to be perceived as too intense by me and I attempted to close the topic on a few occasions by summarising and agreeing with the supervisor or by trying to change the subject.

"Sr: Right, so we will put that one down, and then what you are asking them, all we need to do is do exactly what we done here.

Se: But on the paper.

Sr: (nods) On the paper, of anything that will come up over the next week.

Se: Yeah.. yeah.. it's thinking about the information I actually want... yeah.

Sr: (nods) That is the key thing.

Se: Yeah.

Sr: And that's really, that will go for anything, it's about questions that you ask

Se: Yeah

Sr: but particularly when it comes to tasks, something like that, because if someone is taking the time to do something" S21 (683-701)

Additional analyses and results

Information-sharing and intentions

The results presented in Figure 3 (within the journal paper) summarise the factors found and their pattern in relation to information-sharing. I would like to take this theory a step further and propose a first draft of a more generic and abstract theory (Figure 4) that could encompass other supervisory dyads and needs to be tested and elaborated in future research. Nonetheless, the following can be concluded from the available results.

The data clearly indicate that both supervisor and I come to the supervision with agenda and to this related intentions. For example, it would seem that one of the supervisor's aims (intentions) is to teach me and my intention is to be taught to seek help. For this purpose the supervisor and/or I sets tasks to work on, the supervisor gives advice (supervisor teaches supervisee category) and praises me, reinforcing my good work. Another example is when I come to supervision and share information because it is expected and without sharing this information the learning could not take place. So it would seem that my intention is to fulfil this expectation of bringing material to work on in supervision. Therefore, factors of information-sharing can be extrapolated into possible theoretical groups of intentions. The examples mentioned above could be grouped as teaching (possibly developmental) intentions as the main aim seems to be to encourage my growth. Yet, as presented within Figure 4, not all of the factors could be clearly classified as representing teaching intentions only.

The motivational intentions are inherent in all actions of both supervisor and supervisee (me) and penetrate other areas as highlighted in Figure 4. This area was purposely left as generic (hence the broad name motivational

intentions) in order to allow for other categories, characteristic of any other supervisory dyads, to be included. Furthermore, people can have multiple reasons or intentions for their actions; for example, my supervisors might have had other reasons that I was not aware of for engaging with supervision beyond what appeared to be relational intentions. Keeping this group generic would allow for further specification in future research.

Another group of intentions (relational intentions) identified from the data consists of supervisor's and my attempts to relate to and connect with each other and the supervisor's engagement with the supervision process, although the latter is again one factor that appeared to be shared with motivational intentions. Great consideration was given to where exactly the relational intentions should be located within the diagram. As mentioned in the introduction, supervision is not a fully voluntary activity and supervisees are expected to participate regardless. In various dyads the supervisor and supervisee might have similar or different intentions to form a working relationship with each other. Within the supervisory dyad in this research both supervisor and I seemed to be trying to connect with and relate to each other. One could argue that having a good mutual working relationship is a sufficient but possibly not necessary condition for information-sharing and teaching to take place. The quality of such information-sharing and teaching is a different question. The decision to connect relational intentions with the motivation intentions (as one needs to be motivated to create a relationship) but not with the teaching intentions was based on the stated arguments.

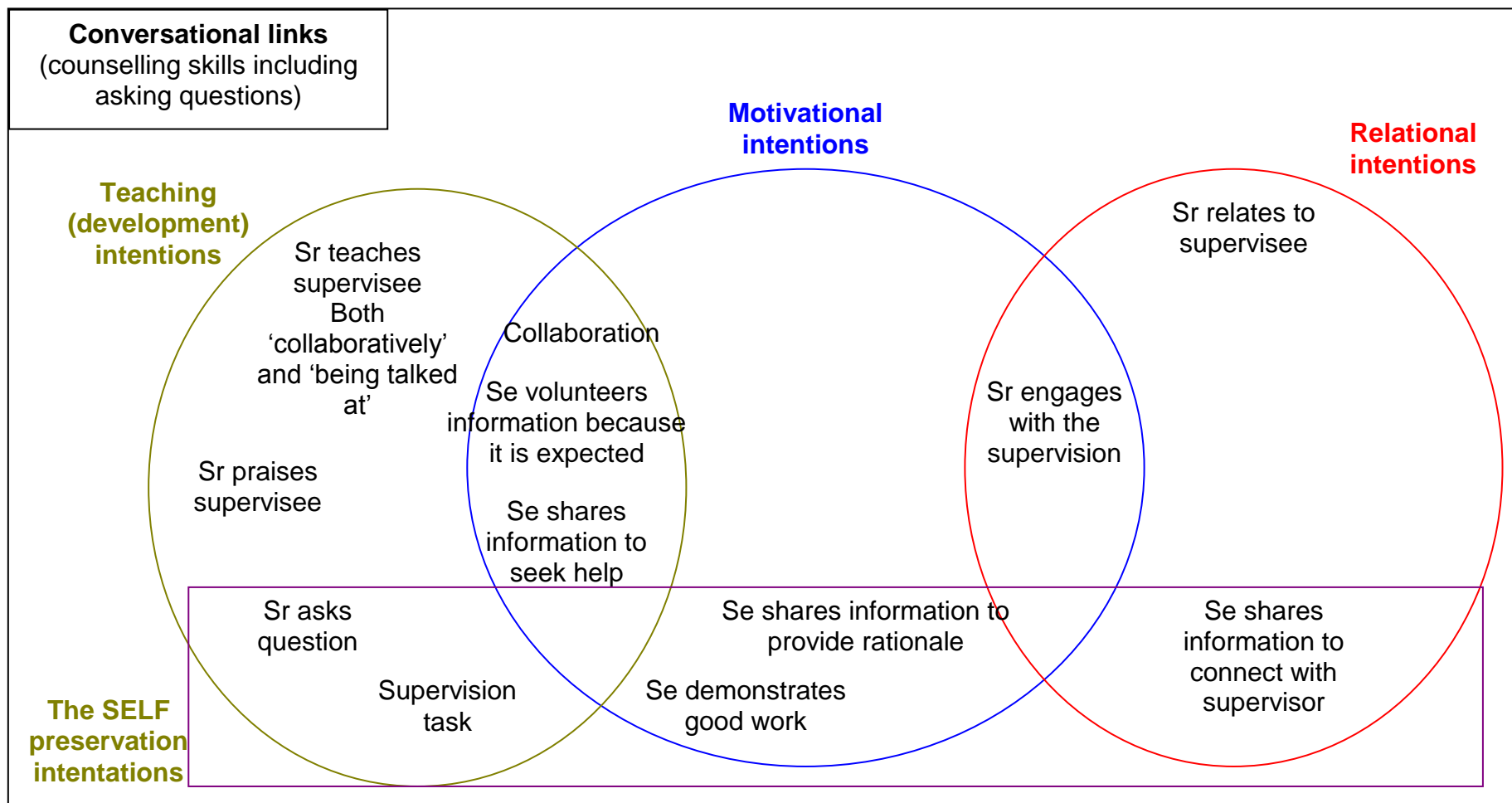
My sharing of information to connect with my supervisor seemed to have been part of another group of intentions as well, the SELF preservation intentions. These intentions penetrate all other areas and are central to my very core, my self-picture and self-esteem. These intentions seemed to concentrate mostly on my attempts to save face, to be competent in the eyes of my supervisor and possibly in my own eyes and to protect my self-esteem. They appear to be activated by my threat appraisal of a situation. They were also demonstrated when I presented good work and provided rationale for my work (as part of the 'Supervision task' category as well) in order to look competent as my self-picture was built on the desire to become a clinical psychologist. If I were to fail the placement, I would likely be forced to look for

another job, another purpose in my life and thus another picture of myself. Sharing information in order to connect with my supervisor allowed me to fulfil a natural desire that all humans like to be social and to belong, but I also hoped that if I was liked by my supervisor, they would be less likely to reject me and thus threaten my self-concept of being likeable and worthy as a person. I also partly hoped that my supervisor would be less likely to fail me if they liked me.

It would seem that the described intentions and information-sharing between the members of the supervisory dyad are promoted through communicational links, both verbal and non-verbal. For example, I am likely to carry on talking (carry on sharing information because it is expected) if I can see that the supervisor is listening, and when the supervisor nods, paraphrases and summarises. It is probable that I would stop talking if the supervisor was just staring at the wall and not responding at all. Therefore, I concluded that counselling skills such as active listening, minimal encouragers and asking questions form conversational links enabling the whole process of information-sharing and constitute a background or enabling environment for fulfilling the intentions.

Teaching, motivational, relational, and the SELF protecting intentions are likely to work well, and to promote information-sharing if the intentions of both members of the supervisory dyad match or are at least are similar enough: for example, if the supervisor's intention to teach is matched by my intention to seek help. It appears that the intentions do not work so well if they clash or are too different from each other. For example, a situation was described in the journal paper within the category of the supervisor not showing understanding. In this example, the supervisor's intention seemed to be to teach me whereas my intention was to be understood and possibly seen as competent. Therefore, whereas the supervisor could be placed in the overlap between the motivational and teaching intentions, I could be placed more in the motivational-relational intentions overlap. Effective and open information-sharing was inhibited as neither party was able fully to meet their intentions and their preoccupation with their private experiences might have taken their focus away from the awareness of the processes happening within the supervision. Yet at some point it seems that both supervisor and I notice

the ineffectiveness of the conversation and move on. In this instance the supervisor provides the advice (teaching) originally sought by me (how to proceed in the next session with the client) and this seems to be met with my openness to be taught again. It would seem that intentions are fluid and shift for many complex reasons, exploration of which is beyond the scope of this research.



Sr- supervisor
Se- supervisee

Figure 4: Information-sharing and intentions

Residual category

Not all codes identified in transcripts were used in the final analyses and these are described within this section.

Humour

This focused code appeared across all of the supervision sessions from the one with lowest working alliance to the one with the highest. This involved joking but also teasing between supervisor and me. Indeed it seems that these episodes were initiated by both parties.

“Se: well I do have to use the money, I get some each year, so every year (laughs)

Sr: (rolls eyes and smiles)

Se: I shouldn't really be rubbing it in should I (laughs) every year we get 250 for the clinical relevant”

S19 (666-672)

“Sr: yeah so we might you know, we might do two hours, we will sort of see. At the moment I haven't got anyone in until 10 or 11.30

Se: Oh good.

Sr: So I'm likely, so we will probably say allow two hours actually

Se: Great shall I bring in cake, cup of tea (laughs) sandwiches...

Sr: (laughs) That you know, we have got that time then.

Se: Yeah that's great, good”

S19 (206-220)

Careful consideration was given to this code and whether it influences information-sharing. No direct links were observed either promoting or hindering the information-sharing within the conversational string. It appeared that this code was more of an indicator of a good relationship between the supervisor and me and sometimes possibly a means of testing the strength and boundaries of this relationship and the safeness of the supervision environment. As demonstrated in the quote below (captured in the supervision

session with the lowest working alliance) I must have felt safe enough to joke in this manner and it can be assumed that such a joke would serve as a test as well.

Sr: yeah I need to ask _____ [overseeing co-supervisor] because I think it will be just you and me in the meeting I don't know if _____ [co-supervisors name] has even got it in her calendar I don't know I need to check.

Se: (smiles slightly) I don't know.

Sr: yeah.

Se: And you are my supervisor anyway, what's the point bothering other people.

Sr: I don't have the the clinical power.

Se: So it needs to be _____ [overseen co-supervisors name] I need to be extremely nice to not you. (laughs)

Sr: (laughs as well)

Se: That's it then you get to see my true face. (still laughing)"

S22 (1974-1991)

'Attunement'

This was another focused code appearing across the range of supervision sessions that more than anything appeared to indicate a good relationship within this supervisory dyad and ability to tune in into the other's flow of thoughts and feelings. Similarly to the previous code, no direct influence on information-sharing was observed and therefore this code was not included in the final analyses.

Sr: You know, it's like if someone says you know I'm thinking of about doing this or

Se: Yeah, so how, when...

Sr: (speaking at the same time) it's about how, when (smiles) OK let's get the action going.

Se: Yeah (laughs)"

S1 (999-1005)

“Se: and then he automatically expect that and she started to challenge him, she started to stop doing things, she started to say no, so of course he kicks back.

Sr: He didn’t like it (speaking at the same time)

Se: And then she given in when she has seen his reaction.

Sr: (smiles)”

S3 267-275

Small talk

Small talk was a focused code that seemed to serve the function of ‘time filler’ and as a tool for starting the conversation at the beginning of supervision whilst both I and supervisor settled in the room. Small talk also helped to keep the conversation going in between the tasks (for example, when the pair waited for equipment to perform). This code did not seem to have informational value on its own and no direct links were observed that influenced information-sharing. Therefore it was not included in the final analyses.

“Se: good

Sr: I think it’s the weather

Se: because I felt sleepy all day (inaudible) ahhh...”

S19 (1-4)

“Se: I can’t believe it’s Wednesday though (still waiting for the laptop to boot up)

Sr: Yeah, has it gone quick?

Se: Yeah, it was like I had the session with G yesterday [was last week Wednesday]

Sr: (smiles)

Se: Slightly confused by the fact that I was in _____ [another placement location usually visited on Friday] yesterday as well.

Sr: Yeah, that's always a bit confusing when you swap days"

S1 (57-68)

Findings from the brief (informal) supervision logs

During analysis of the video-recordings of supervision it became obvious that these recordings might not be capturing all the important conversation between the supervisor and me. The quote below indicates that discussions took place outside the formal supervision sessions.

"Se: No, because we had a supervision in the morning and I had them in the afternoon, I think we had a brief chat just about how it went.

Sr: Yeah

Se: Whether there was any issues

Sr: Yeah

Se: but that's about it really .. shall we start with"

S21 64-72

It was part of the routine placement practice for me to keep logs of supervisions and tasks and a brief supervision log that captured these short conversations was kept. I decided to have a look at these to see if any research-relevant information might be captured within these logs that was not captured in formal supervision.

There were some difficulties in trying to compare the information gained from brief supervision logs with that gained from the transcripts of supervision videos. The information within the brief log was in the form of summaries of conversations rather than capturing the conversation flow. Consequently the information was very compressed and did not allow analysis of how information-sharing was affected. Therefore, I decided to look at the content of information to see whether this was any different from formal supervision sessions.

The content of brief supervision logs largely resembled the content of formal supervision. Specifically, most information shared within the log

concentrated on client work, me seeking clarification and the supervisor providing the needed information.

“I received a phone call from care coordinator about a client I have discharged asking for more information and how to refer client to anger management. I sought guidance from my supervisor and we came to conclusion that there isn’t appropriate service.”

BSL March 1-11

“Brief chat with supervisor about the new client we have just seen together, and what I could concentrate on in next session.”

BSL March 44-48

There were some differences, however. The nature of the retrospective log allowed my thoughts and feelings to be captured more. These appeared more prominent and more frequent within the logs and on one occasion seemed to have been shared with the supervisor.

“We had a talk about the fact that another client of mine DNA-ed and we slightly joked about it that what am I doing to the clients and maybe I can clear the waiting list, which I took as a joke but I could slightly feel a bit of anxiety to bubble in my guts that I’m crap therapist, but logically knew that wasn’t true. But I did tell the supervisor not to dig too deep in there otherwise I will get very self-conscious again as I have now managed to relax a bit. I was a bit scared after that that maybe I was a bit too much open and could have phrased it differently, but I wasn’t too bother about it.”

BSL March (21-43)

Interestingly these sorts of entries were more characteristic of the discussions from early on in the placement, whereas later (possibly as my anxieties subsided) these turned into a simple task or list type summaries. Further, the entries became shorter and more sporadic. It is hard to determine an exact reason for this. It could be hypothesised that as the relationship grew

stronger and I became more settled and skilled during the course of the placement the urge to discuss every issue as soon as possible might have faded. Indeed the need to share information was captured within the log, which was a new feature.

“A brief discussion about the client I have seen in the morning and why she might be upset. I didn’t not feel I had a time to go to lengthy description and neither did I have a need to do so. I was happy to wait till official supervision.”

BSL May (1-10)

A completely new subject discussed within the brief supervision log was personal problems. This did not occur within the sampled video-recordings of supervision sessions. One short entry in the brief log referred to discussing a problem with a friend but did not offer many details. It is important, however, as it indicates that ‘informal’ supervision might be somewhat different.

“Today we briefly discussed problem I experience with my friend and how I could approach it.”

BSL August (31-35)

Discussion

This discussion relates to additional results and literature presented within the extended paper.

Factors promoting and hindering information-sharing

Wheeler and Richards (2007) noted that the supervisee is expected to present their work and this expectation seemed to be well established within this supervisory dyad. One of the factors promoting information-sharing was my understanding that I needed to bring in clinical material to work on,

including any other material I thought might be relevant, in order to refer to work carried out.

Another point which Wheeler and Richards (2007) raised was the role of supervision in supervisee's development and growth. This point also appeared to have been adopted by me as I in order to gain help shared the information needed (e.g. presented the request for help, explained the problem).

It was no surprise that I presented information that demonstrated good work. As Bernard and Goodyear (2004) pointed out supervision and the supervisor can be seen as the 'gatekeeper' for the profession of clinical psychology and it is understandable that any supervisee would wish to present work that would grant them entry. Trainees' attempts to maximise positive impressions were noted in the literature before, specifically in the study completed by Ladany et al. (1996). The impression management appeared to be related to another category constructed in this research and that is the supervisee presenting information to provide a rationale. It seemed that by providing a rationale for work and decisions I was either straining to demonstrate my knowledge or to defend my work.

The supervisee's (my) attempts to connect with the supervisor appeared to be a somewhat new discovery of this project that was not noted in literature related to non-disclosure. Yet I purposefully shared information that would bring me closer to my supervisor.

Building a relationship was a mutual goal as the supervisor also attempted to relate to me, which was another factor promoting my information-sharing. Within this category the supervisor showed understanding towards me, self-disclosed and aligned him/herself with me. Trainees participating in Mehr et al.'s (2010) study reported that they would be more likely to disclose information if the supervisor made attempts to form an alliance with them, and the benefits of this were clearly demonstrated within this study.

The supervisor's active engagement with supervision and interest in it emerged as another important category. It was demonstrated within the literature that counterproductive events associated with non-disclosure were untypical of supervisors with a productive approach to supervision. The findings of this study serve as further support.

Needless to say, a collaborative approach, the supervisor's use of counselling skills such as active listening and minimal encouragers, and praise of me were factors promoting information-sharing. It was noted within the Transtheoretical Model of Clinical Supervision (Aten et al., 2008) that one of the experiential processes of change is self-liberation. Within this the supervisor encourages the supervisee to take responsibility and in this research project similar aspects were observed within the category of collaborative work. Praising me resembled the contingency management behavioural process of change highlighted in the Transtheoretical Model (Aten et al., 2008).

Milne (2007) noted that supervision is a relationship based on education and training and aims to foster the supervisee's competence. Teaching played an important part within this supervisory dyad. I clearly sought guidance from the supervisor and the supervisor taught me. The manner in which this teaching took place, however, was important. Although the supervisor's collaborative approach seemed to promote information-sharing, lack of it appeared to inhibit me in my willingness to talk and share information. Part of supervisor's teaching category was a code of supervisor giving advice. Within the literature it appears that trainees, just like I did, wish for and would welcome more direct guidance and advice (Reichelt et al., 2009), especially in their early developmental stages (Beinart, 2003).

In conclusion, I conducted only a basic literature search to form the research question, prior to data analysis. When various sources of literature were taken into account it was possible to relate categories identified within this project to a wider evidence base. This added credibility to the findings. Conversely, factors promoting information-sharing identified within this project add credibility to some of the suggestions trainees made in other studies (Reichelt et al., 2009; Mehr et al., 2010), hypothesising about things that could help them to disclose information.

Findings from the brief (informal) supervision logs

As the brief supervision logs provided qualitatively different information it was more difficult to integrate it with findings from supervision sessions.

These logs were able, however, to capture my thoughts, feelings, and interpretations. The main contribution of analyses of the logs was that these brief conversations might have played an important role in building a relationship with the supervisor and lessening my anxieties. As noted in the literature overview, fewer anxieties and a good working alliance (Mehr et al., 2010) are associated with lower levels of non-disclosure. Further, it was only within these conversations that I brought up a personal issue. This would suggest that these brief conversations might have an important role in the research area around information-sharing and non-disclosure and future research might benefit from including these. It also suggests that informal discussions are just as valid as formal supervision and should be a vital part of a trainee's placement.

The importance of informal discussion is also recognised in BPS (2010b) guidance about trainee psychologist supervision, where it is recommended that supervisors make themselves available for such discussions.

Information-sharing and intentions

As mentioned in the literature review (Milne, 2007; Wheeler & Richards, 2007) the supervisee's growth is one of the aims of supervision and this appears to be recognised by both members of this supervisory dyad and reflected in the discovery of teaching (developmental) intentions. The notion of intentions appears to be new in the area of non-disclosure and information-sharing research and the preliminary theory constructed here is in need of testing and elaboration. The motivational intentions group is likely to be further specified and differentiated in future research, when more supervisory dyads are included. At the moment, not enough evidence was gathered within this research project to create a more specific category. Further, the exact position of relational intentions in the diagram needs to be further explored in research which needs to ask specifically about trainees' intentions and their role in information-sharing within supervision. It might also be interesting to explore the trainee's perspective on how they perceive these intentions and if they match those of the supervisor. Similar questions could also be asked of the sample of supervisors.

In practice, the analyses and reflection on intentions (within and after the supervision) by both supervisor and supervisee can help them to understand each other's aims and prevent or resolve supervision conflicts. For example, with regard to the example described in the Results section, the supervisor or supervisee could stop at any point and note that their intentions might be 'cross-wired'; although the supervisor is trying to teach, the supervisee's intention is to be understood, and unless they recognise this mismatch neither of them is likely to realise their intention.

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Appendices

Appendix A: Brief systematic review protocol

Table 6: Brief systematic review protocol

Title	A systematic review of published theory building single case studies in psychology and psychotherapy.
Aim	To systematically explore how case study research methods have been utilised over the past 20 years, within published research in clinical and counselling psychology and psychotherapy whilst highlighting best practice.
Scoping review	No systematic reviews of this nature have been identified within available literature.
Proposed search strategy and databases	<p>Electronic</p> <p><u>University of Lincoln</u> EBSCO (including Academic Search Lite, AMED, CINAHL with Fulltext, MEDLINE, PsycINFO)</p> <p><u>University of Nottingham</u> Web of Knowledge ASSIA PsycArticles – APA EMBASE</p> <p>Offline Reference lists of included articles Textbooks- University Library</p>
Search terms	<p>Multiline search consisting of:</p> <ul style="list-style-type: none"> single AND case AND study AND psych* AND qualitative
Inclusion criteria	<p>Within the title of the article: title include words:</p> <ul style="list-style-type: none"> - Case and (study or design or method). <p>It must be clear from the title that the subject area is one of clinical or counselling psychology or psychotherapy</p> <p>It is clear from the title that the article is potentially contributing to theory.</p> <p>Within the abstract of the article: it must be clear that the articles fulfil the following criteria:</p> <ul style="list-style-type: none"> - single case study - must be relating to the contribution of theory - written in English, Slovak or Czech language - published after 1st June 1991 <p>If there is doubt whether criterion has been met, then the full length article will be further evaluated</p> <p>On article level</p>

	- all criteria above checked again and quality appraised.
Case studies quality assessment	Adapted CASP tool for qualitative research
Data to be extracted	Information gained from CASP and following data: country of research, setting of the study, source through which study was identified, types of analyses, participant, resulting theory, research implication.
Data analyses	Will be focused on quality assessment.

Appendix B: Selection procedure within electronic resources

Table 7: Selection procedure within electronic resources

Database	Selection	Title level	Abstract level	Article level
EBSCO (incl. Academic Search Lite, AMED, CINAHL with Fulltext, MEDLINE, PsycINFO)	Excluded (including duplicates)	180	58	24
	Unsure	49	19	N/A
	Included	39	11	6
	Total	268	88	30
	Brought forward to next step of selection procedure	88	30	
Web of Knowledge	Excluded (including duplicates)	117	5	4
	Unsure	7	3	N/A
	Included	2	1	0
	Total	126	9	4
	Brought forward to next step of selection procedure	9	4	
EMBASE	Excluded (including duplicates)	77	1	1
	Unsure	2	1	N/A
	Included	0	0	0
	Total	79	2	1
	Brought forward to next step of selection procedure	2	1	
ASSIA	Excluded (including duplicates)	17	2	1
	Unsure	3	1	N/A
	Included	0	0	0
	Total	20	3	1
	Brought forward to next step of selection procedure	3	1	
PsycNET	Excluded (including duplicates)	8		
	Unsure	0		
	Included	0		
	Total	8		
	Brought forward to next step of selection procedure	0		

Appendix C: Reviewer's reasons for doubts on eligibility

Table 8: Reviewer's reasons for doubts on eligibility during selection procedure within electronic resources

Step in selection procedure	Reason for being unsure	EBSCO	Web of Knowledge	EMBASE	ASSIA	Psych NET
Title level	Not sure on the subject area	15	3	0	1	N/A
	Not clear enough on method	34	4	2	2	N/A
	Total	49	7	2	3	N/A
Abstract level	Not sure whether theory building	13	1	0	1	N/A
	Not sure on the subject area	2	0	0	0	N/A
	Not clear enough what type of case study (single, multiple etc.)	4	2	1	0	N/A
	Total	19	3	1	1	N/A

Appendix D: Reasons for exclusion on title and abstract level

Table 9: Reasons for exclusion on title and abstract level (including duplicates)

Step in selection procedure	Reason for exclusion	EBSCO	Web of Knowledge	EMBASE	ASSIA	Psyc NET	Offline resources
Title level	Not a single case study (review/guidance/commentary/case control study etc.)	40	4	2	1	0	140
	Clearly not theory building (time-series/treatment evaluation, narrative etc.)	1	0	0	1	0	13
	Subject area (health/medical, speech and language, ethnographic, social work, occupational, sport, art, educational, tourism etc.)	87	31	12	1	1	
	Duplicate (within database or against previously searched database)	21	82	63	14	7	22
	Language (German, Danish, Italian, French, Spanish, Portuguese, Hungarian)	31	0	0	0	0	1
	Published prior 1991	N/A	N/A	N/A	N/A	N/A	106
	Total	180	117	77	17	8	282
Abstract level	Not a single case study (review/guidance/commentary/case control study etc.)	17	1	0	1	N/A	4
	Clearly not theory building (narrative, time-series/treatment evaluation etc.)	25	1	1	0	N/A	10
	Subject area (health/medical, speech and language, ethnographic, social work, occupational, sport, art, educational, tourism etc.)	16	3	0	1	N/A	8
	Total	58	5	1	2	N/A	22

Appendix E: Example of an article quality appraisal

Table 10: Quality appraisal tool (adapted CASP tool for qualitative research)
(Kasper et al., 2008)

Criterion	Criterion present Yes/No	Score	Comments
1. Was there a clear statement of the aims of the research? <ul style="list-style-type: none"> • What was the goal? • Why is it important? • How is it relevant? 	Yes Yes Yes	1	Understanding immediacy is important in the understanding of working with the therapeutic relationships. Very little is known about immediacy. The purpose of the present study was to investigate immediacy in a single case of brief interpersonal psychotherapy.
2. Is the methodology appropriate? <ul style="list-style-type: none"> • Is the methodology single case study design? • Is it a theory building case study? 	Yes Yes	1	
3. Was the research design rigorous and appropriate to address the question? <ul style="list-style-type: none"> • Did they consider different strategies/methodologies? • How was the validity of the case study established? • How was the reliability of the case study established? 	Yes No Yes Yes	0.5	The authors briefly justified the use of a case study design but did not discuss other approaches. Using established measures for construct validity were available. Multiple trained reviewers were used. Operationalisations of terms present. Clear and detailed descriptions of procedures of recruitment, data and data analyses. The client was
4. Was the recruitment strategy		1	

	appropriate?					selected based on their suitability for brief therapy and the focus was on problems with relationships. Detailed description of recruitment process.
	<ul style="list-style-type: none"> How was the participant recruited? Why was the participant most appropriate? 	Yes		Yes		
5.	Was the data collection appropriate?	Mostly		1		A clinical setting might have been more naturalistic. Detailed description of order and timeline of data collection. Data collection links clearly to aims. Using established measures, created open-ended questionnaires and interviews.
	<ul style="list-style-type: none"> Was the data collection setting appropriate? Is it clear how data were collected? Was the data collection method justified by researcher? Was the data collection method explicit (e.g. interviews)? Were any changes to data collection throughout the research project explained and justified? Is the form of data collection clear (e.g. tape recordings)? 	Yes	Yes	Yes	N/A	Yes
6.	Reflexivity			0.5		Video taped interviews
	Has the research considered his potential bias and influence on	Yes				Researchers acknowledge that they believe in the use of immediacy and this could influence the choice of research question, data analyses and findings as they could be biased. Authors pointed out that client-participant responses could have been influenced by the ongoing exams in her life. Also they discuss that the client might have
	<ul style="list-style-type: none"> formulating research question choice of methodology data collection, sampling, choice of location data analyses any changes in research design has the research reported any significant events that could influence the results? 	N/A	N/A	Yes	N/A	Yes

			participated in immediacy out of deference as it was expected from her.
7.	Have the ethical issues been considered?	0.5	Details about client's background and other identifiable information was removed or changed. Participants were informed that the researcher is interested in immediacy but explicit aims were not shared with participants. Telephone interviews were used to inform participants. People not recruited were provided with referral. Informed consent not mentioned.
	<ul style="list-style-type: none"> Was ethical approval gained? 	N/A	
	<ul style="list-style-type: none"> Have participants been informed about the research and how? 	Yes	
	<ul style="list-style-type: none"> Were effects of the study on participants, informed consent and confidentiality discussed? 	Partly	
8.	Was the data analyses sufficiently rigorous?	1	Detailed descriptions of analyses was offered. Case study design followed McLeod's recommendations, however, stages 6 (identifying gaps) and 7 (refining theory) were not specifically described and available for evaluation. Alternative explanations were offered within discussion.
	<ul style="list-style-type: none"> Is there in depth description of analyses process? 	Yes	
	<ul style="list-style-type: none"> Does the process correspond to recommendations proposed by McLeod for conducting case study research? 	Mostly	
	<ul style="list-style-type: none"> Are sufficient data presented to support the findings? 	Yes	
	<ul style="list-style-type: none"> Are contradictory data taken into account? 	Yes	
9.	Is there a clear statement of	1	The authors

findings?	Yes		discuss findings in connection to aims, their applicability to current knowledge, future research areas and limitations of current findings.
• Are findings explicit?	Yes		
• Is there discussion about evidence both for and against findings (limitations)?	Yes		
• Have they discussed credibility of their findings (e.g. triangulation)?	Yes		
• Are the findings discussed in relation to the original research question?			
10. How valuable is the research?		1	Clear contribution to knowledge of immediacy. The authors call for longer therapy in order to gain full benefits of using immediacy. Educating clients about immediacy can be useful in promoting change. Highlights concentrating on client's reactions to immediacy and processing these. Highlights importance of considering cultural, gender or other differences when using immediacy. Awareness of counter-transference was highlighted in order to make sure that immediacy is being used for client's benefits.
• Contribution to existing knowledge?	Yes		
• Have areas of future research been identified?	Yes		

Appendix⁴¹ F: Consent Form



Participants Identification Code for this trial:

Study number:

CONSENT FORM

Title of Project: Determinants of Information Sharing in the Supervision of a Trainee Clinical Psychologist

Study approved by: University of Lincoln Research Ethics Committee and also by Research and Development Department of xxxxxxxx services within xxxxxxxxxxxxxx NHS Trust

Name of Researcher: Zuzana Rothlingova

Please initial box

1. I confirm that I have read and understand the information sheet dated 15 August 2011 (version 3) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

☐

2. I understand that my participation is voluntary and that I am free to withdraw by contacting the research via details provided on information sheet. I understand that I can withdraw until the point of data transcription without giving any reason and without my medical care or legal rights being affected.

☐

⁴¹ Please note that in order to protect the identity of participating placement supervisor appendices were anonymised and potentially identifiable data (such as research site location) were replaced with xxxxxxxx

3. I understand that relevant data collected during the study, may be looked at by individuals from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my data.

☐

4. I agree to take part in the above study.

☐

Name of participant Date Signature

Name of person Date Signature
taking consent

Appendix G: Participant information sheets



UNIVERSITY OF
LINCOLN

Participant Information Sheet- For clients

Date: 15 August 2011

Version: 3

Study Title: Determinants of Information Sharing in the Supervision of a Trainee Clinical Psychologist

Name of the researcher: Zuzana Rothlingova

We would like to invite you to take part in a research study. However, before you decide you need to understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and take time to decide whether or not you wish to take part. Ask us if there is anything that is not clear or if you would like more information.

What is the purpose of the study?

Supervision is an essential requirement for the trainee clinical psychologist in the UK. There is an expectation that the trainee will be open and honest in presenting their work to the supervisor. However, findings in literature suggest that withholding of information might be relatively common amongst trainees.

This study seeks to better understand factors which help and obstruct information sharing within the supervision session of trainee clinical psychologists. Your therapist's supervision sessions were recorded. Analyses of these will allow to build a theory and a deeper understanding of the complex information sharing process involved in supervision sessions. This may lead to better use of supervision time by both health care professionals involved, likely improve clinical practice, improved clients' care and outcomes.

Why have I been chosen?

Supervision sessions are mainly based on therapeutic work with clients, like you. For example, within these sessions the therapist talks to the supervisor

about what was happening in the client's (yours) therapy, occasionally listens to the recordings of the therapy session and discusses the treatment plan. As some of this information may be about you, you are being approached to gain your consent to this research. Researcher will keep your details anonymous and any possibly identifiable data or events will not be included within the written report or any possible publications.

Do I have to take part?

It is up to you to decide. This Information Sheet contains information about the study in order to help you decide, but if you have any further questions you can contact the researcher, on contact details provided below. If you decide to take part please return the signed consent form to the researcher in the pre-paid envelope provided.

What will happen to me if I take part?

As this research is interested in supervision sessions it means that your care would not have been affected and no extra effort is required from you in order to participate. If you decide to take part, recorded supervision between your therapist and her supervisor regarding your care will be analysed, however any confidential and identifiable information will be erased.

Expenses and payments

Participants will not be paid to participate in this study.

What are the possible disadvantages and risks of taking part?

Discussing sensitive and possibly distressing topics is a natural part of therapy and your therapist will be there to help you work through these, but there are no known risks associated solely with participation in this study.

What are the possible benefits of taking part?

The information we get from this study may help improve the treatment for future clients seen in therapy through improved clinical practice.

What if there is a problem?

In the unlikely event that something does go wrong and you are harmed during the research and this is due to someone's negligence then you may have grounds for a legal action for compensation against xxxxxxxx NHS Trust but you may have to pay your legal costs. The normal National Health Service complaints mechanisms will still be available to you (if appropriate).

Will my taking part in the study be kept confidential?

Yes. We will follow ethical and legal practice and all information which is collected about you during the course of the research will be kept strictly confidential, and any information about you which leaves the clinic will have your name and address removed so that you cannot be recognized.

Occasionally, representatives of Research and Development Department within the NHS might audit this study and have access to your personal information. However, these personnel will treat your data with strict confidence.

What will happen if I don't want to carry on with the study?

You are free to withdraw without giving a reason until the point of data transcription. You can withdraw by contacting the researcher on contact details provided below. After the transcription, your anonymised data will be integral part of findings and it will not be possible to separate these out from results. Withdrawing from the study would not affect the standard of care you are or might be receiving in future.

What will happen to the results of the research study?

Findings of this study will be discussed with the participating supervisor. Results of this study will be presented in a doctoral thesis and in viva voce examination in 2013. Following this, the researcher will also aim to publish the article with study results in a peer-reviewed journal. Participants will not be identifiable in any publications.

Who has reviewed the study?

This study has been reviewed and given favourable opinion by University of Lincoln Research Ethics Committee and also by Research and Development Department of xxxxxxxx services within xxxxxxxxxxxx NHS Trust. If you have any concerns about ethical aspects of this study you can raise these with the University of Lincoln Ethics Committee via contacting Emile van der Zee (contact details are provided below).

Emile van der Zee, PhD

Chair of the Ethics Committee of the School of Psychology

University of Lincoln, Department of Psychology

Brayford Pool

Lincoln LN6 7TS

United Kingdom

telephone: +44 (0)1522 886140

fax: +44 (0)1522 886026

e-mail: evanderzee@lincoln.ac.uk

<http://www.lincoln.ac.uk/psychology/staff/683.asp>.

If you have any further questions you can contact the researcher, contact details are provided below.

Researcher:

Zuzana Rothlingova

Trainee Clinical Psychologist

Trent DClinPsy Programme

Faculty of Health, Life and Social Sciences

University of Lincoln

1st Floor, Bridge House

Brayford Pool
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LN6 7TS
UK
Phone: 07783370896
Fax: N/A
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Co-investigator:

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DClinPsy Programme Course Co-director
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Jubilee Campus, Wollaton Road
Nottingham
NG8 1BB
Phone: 0115 846 8181
Fax: 0115 846 6625
Email: thomas.schroder@nottingham.ac.uk

Thank you for your time.

Participant Information Sheet- For supervisor

Date: 15 August 2011

Version: 3



Study Title: Determinants of Information Sharing in the Supervision of a Trainee Clinical Psychologist

Name of the researcher: Zuzana Rothlingova

We would like to invite you to take part in a research study. However, before you decide you need to understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and take time to decide whether or not you wish to take part. Ask us if there is anything that is not clear or if you would like more information.

What is the purpose of the study?

Supervision is an essential requirement for the trainee clinical psychologist in the UK. There is an expectation that the trainee will be open and honest in presenting their work to the supervisor. However, findings in literature suggest that withholding of information might be relatively common amongst trainees.

This study seeks to better understand factors which help and obstruct information sharing in the supervision of trainee clinical psychologists. In order to do this our supervision sessions, which were recorded, will be analysed. This will allow to build a theory and a deeper understanding of the complex information sharing process involved in supervision sessions. This may lead to better use of supervision time by both health care professionals involved, likely improve clinical practice, improved clients' care and outcomes.

Why have I been chosen?

You have been chosen because you provide clinical supervision to the researcher who approached you.

Do I have to take part?

It is up to you to decide. This Information Sheet contains information about the study in order to help you decide, but if you have any further questions you can contact the researcher, on contact details provided below. If you decide to take part please return the signed consent form to the researcher in the pre-paid envelope provided.

What will happen to me if I take part?

No extra effort beyond the usual activities related to the supervision sessions is required of you. If you decide to take part recorded discussions between myself (the researcher) and you will be analysed, however any confidential and identifiable information will be erased.

Expenses and payments

No payments are available for the participation in the study.

What are the possible disadvantages and risks of taking part?

Discussing sensitive and possibly distressing topics is natural part of the supervision and can affect supervisors. In such a case your own supervisor, manager or GP may be able to provide support for you, but there are no known risks associated solely with participation in this study.

What are the possible benefits of taking part?

This study may help to improve the effectiveness of supervision sessions and the treatment for future clients seen in therapy through improved clinical practice.

What if there is a problem?

In the event that something does go wrong and you are harmed during the research and this is due to someone's negligence then you may have grounds for a legal action for compensation against xxxxxxxxxx NHS Trust but you may have to pay your legal costs. The normal National Health Service complaints mechanisms will still be available to you (if appropriate).

Will my taking part in the study be kept confidential?

Yes. We will follow ethical and legal practice and all information which is collected about you during the course of the research will be kept strictly confidential, and any information about you which leaves the clinic will have your name and address removed so that you cannot be recognized.

Occasionally, representatives of Research and Development Department within the NHS might audit this study and have access to your personal information. However, these personnel will treat your data with strict confidence.

What will happen if I don't want to carry on with the study?

You are free to withdraw without giving a reason until the point of data transcription. You can withdraw by contacting the researcher on contact details provided below. After the transcription, your anonymised data will be integral part of findings and it will not be possible to separate these out from results.

What will happen to the results of the research study?

Findings of this study will be discussed with you. Results of this study will be presented in a doctoral thesis and in viva voce examination in 2013. Following this, the researcher will also aim to publish the article with study results in a peer-reviewed journal. You will not be identifiable in any publications.

Who has reviewed the study?

This study has been reviewed and given favourable opinion by University of Lincoln Research Ethics Committee and also by Research and Development Department of xxxxxxxx services within xxxxxxxxx NHS Trust. If you have any concerns about ethical aspects of this study you can raise these with the University of Lincoln Ethics Committee via contacting Emile van der Zee (contact details are provided below).

Emile van der Zee, PhD
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<http://www.lincoln.ac.uk/psychology/staff/683.asp>

**If you have any further questions you can contact the researcher,
contact details are provided below.**

Researcher:

Zuzana Rothlingova
Trainee Clinical Psychologist
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Email: thomas.schroder@nottingham.ac.uk

Thank you for your time.

Appendix H: Advice given from local R&D

RE: ethics question

From: xxxxxxxxxxxx
Sent: 21 March 2011 12:37
To: Rothlingova Zuzana (xxxxxxxxxxxxxxxxxx)
Subject: RE: ethics question

Hi Zuzana

Thank you for your email which xxxxxxxx has forwarded to me.

You will need two types of approval -

1. Ethics approval - this is normally done via your University; we only require one ethical favourable opinion and will not require you to go through a separate NHS committee. A good source of information is the National Research Ethics Service (NRES), website details below. There are also templates on this website for consent forms and information sheets that you might find useful.

<http://www.nres.npsa.nhs.uk/>

2. Local Trust R&D approval - if you wish to involve NHS patients or staff in your research then you will need local R&D approval from that Trust. I am assuming that you will be recruiting to your study in xxxxxxxx? You will need to complete an SSI form for each Trust and submit this to the local R&D office (in the case of xxxxxx please submit to me at the address below). The website for this is the Integrated Research Application System (IRAS), the website address is below. The R&D office will also require all your supporting documents - ethics form, ethics favourable opinion, protocol, consent forms, information sheets, CV for yourself and your academic and clinical

supervisors, R&D and SSI forms (the attached checklist is the one we use within the Trust and summarises this information). At xxxxxxxx we require all this information in electronic format please. Please note that R&D approval cannot be given until ethics approval is in place, however there is nothing to stop you submitting both at the same time - in xxxxxxxxx we will process all your documents and then put on hold until your ethics is in place.

<https://www.myresearchproject.org.uk/>

If you want to send me your research proposal then I am happy to advise you further, I do work some days at xxxxxxxxxxxxxx and so may be able to meet if you think this would be helpful.

Let me know if you need any further information at this time.

Kind regards

xxxxxxxxxxxxxxxx

Acting Research and Development Coordinator

Appendix I: Research proposal



Determinants of Information Sharing in Supervision of a Trainee Clinical Psychologist Working Within A Cognitive Behavioural Therapy (CBT) Framework.

Final Version 1.0

17 March 2011

Short title: Determinants of Information Sharing in the Supervision of a Trainee

Acronym: DISSTP

NRES reference: Not yet available

Trial Sponsor: University of Lincoln

Funding Source: No external funding source

STUDY PERSONNEL AND CONTACT DETAILS

Sponsor:	University of Lincoln
Contact name	xxxxxxxxxx
Chief investigator:	<p>Zuzana Rothlingova Trainee Clinical Psychologist Trent DClinPsy Programme Faculty of Health, Life and Social Sciences University of Lincoln 1st Floor, Bridge House Brayford Pool Lincoln LN6 7TS UK Phone:07917134722 Fax: N/A Email: 10197341@students.lincoln.ac.uk</p>
Co-investigators:	<p>Thomas Schröder DClinPsy Programme Course Co-director International House, Level B Jubilee Campus, Wollaton Road Nottingham NG8 1BB Phone: 0115 846 8181 Fax: 0115 846 6625 Email: thomas.schroder@nottingham.ac.uk</p>
Study Data Analyst:	<p>Zuzana Rothlingova Trainee Clinical Psychologist Trent DClinPsy Programme Faculty of Health, Life and Social Sciences</p>

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Study Coordinating Centre: xxxxxxxxxx

SYNOPSIS

Table 11: Synopsis

Title	Determinants of information sharing in supervision of a trainee clinical psychologist working within a Cognitive Behavioural Therapy (CBT) framework.
Acronym	DISSTP
Short title	Determinants of Information Sharing in the Supervision of a Trainee Psychologist
Chief Investigator	Zuzana Rothlingova, Trainee Clinical Psychologist Trent DClinPsy Programme, Faculty of Health, Life and Social Sciences, University of Lincoln, 1st Floor, Bridge House, Brayford Pool, Lincoln, LN6 7TS
Objectives	This study will address the following research question: How is a supervisee's information sharing determined in supervision sessions?
Study Configuration	xxxxxxxxxx
Setting	xxxxxxxx NHS Trust
Sample size estimate	It is expected that about 30 approximately one hour long video recordings of supervision sessions will be available for analysis. Literature suggests that 20-30 hours of recorded data is usually sufficient to reach data saturation.
Number of participants	Supervision sessions depend on the participation of following individuals: Researcher, clients seen in her clinical practice and clinical supervisor.
Eligibility criteria	Any client who is willing and able to give consent and is being seen by the researcher in her clinical practice. Researcher's clinical supervisor.
Description of interventions	No specific intervention outside researcher's normal clinical practice is needed, as this study follows a naturalistic case study design.
Duration of study	The data collection part of the study is already happening and will end by September 2011, however the whole study will end in January 2013 with viva voce examination.
Outcome measures	Primary interest of this study focuses on following data collection methods: video recording of supervision sessions and use of the Leeds Alliance in Supervision Scale (LASS)
Data analysis methods	Grounded Theory as described by Kathy Charmaz (2003 and 2008)

STUDY BACKGROUND INFORMATION AND RATIONALE

Supervision is an essential requirement for the trainee clinical psychologist in the UK. In general, supervision is a formal provision of education and training, which is work-focused and aims to support, develop and evaluate the work of a colleague, supervisee (Milne, 2007). Various models of supervision with different ways of defining what supervision is exist in literature. Some of these models have arisen from psychotherapy theories and some of these were developed specifically for supervision (Beinart, 2003). Although it is important to acknowledge their importance, this study does not aim to test a specific model. Rather, we want to explore supervision from an experiential perspective.

Supervision is a formal relationship with an implicit or an explicit expectation that the supervisee will be open and honest in presenting their work to the supervisor (Wheeler & Richards, 2007). As such it is an involuntary activity of a highly evaluative nature in which the trainee is expected to be greatly involved but has little power (Ladany, Hill, Corbett, & Nutt, 1996). Therefore, it is natural that the trainee who it is assumed has less power, might be cautious in choosing information to share. The decision of what information the trainee chooses to share is possibly one of the few ways of gaining control. Interestingly, research suggests that what is not disclosed in supervision might be even more prominent than what is shared and this can have a significant impact on the trainee (Ladany et al., 1996).

However, it is difficult to operationalise disclosure and non-disclosure in supervision and available literature is modest in offering definitions. At the most non-disclosure has been described as wilful information withholding (Hess et al., 2008; Yourman, 2003). The majority of literature on disclosure in supervision has concentrated on disclosure by the supervisor, for example see studies by Bottrill, Pistrang, Barker, and Worrell (2010), Ladany and Lehrman-Waterman (1999), and study by Ladany and Walker (2003). A very limited amount of literature exists about trainee's non-disclosure (Mehr, Ladany, & Caskie, 2010; Ladany et al., 1996; Yourman, 2003; and Yourman & Farber, 1996). However, findings of these studies suggest that non-disclosure might be relatively common amongst trainees with reported prevalence

ranging from 30-40% (Yourman & Farber, 1996) to 97.2% (Ladany et al., 1996). Typical demographic characteristics such as age, gender, race and level of training appear to be unrelated to non-disclosure (Mehr et al., 2010; and Ladany et al., 1996).

Although evidence is limited, reported contents of the non-disclosure suggests the following information are less likely to be shared by supervisee in supervision: negative reactions towards supervisor, personal issues (Mehr et al., 2010; Ladany et al., 1996), clinical mistakes (Hess et al., 2008; Ladany et al., 1996), evaluation concerns, general client observations (Ladany et al., 1996) and disagreement with supervisory theoretical orientation and approach (Hess et al., 2008).

Reported reasons for withholding information varied from appraising the information as unimportant, too personal, trainee's feelings were too negative or supervisee considered the alliance with the supervisor to be weak (Ladany et al., 1996). Furthermore, trainees expressed worries about the impressions they make on the supervisor, deference to supervisor, perceived negative consequences and worries about professional inadequacy (Mehr et al., 2010). When asked what would have helped them to disclose information, trainees either said nothing or they shifted the responsibility primarily onto the supervisor, suggesting that he or she could be more facilitative (Hess et al., 2008).

Overall, presented evidence implies four ways of withholding information in supervision. Three of these were identified by Ladany et al., (1996) and include passive non-disclosure (simply not sharing information) as the most typical one, active non-disclosure (refusal to share information) and distraction (changing subject). Unintentional information withholding has also been recognised in literature, and this involves supervisee's inability to communicate the complexity of what is occurring in sessions (Hess et al., 2008).

The important conclusion within the evidence implies that non-disclosure can have various negative effects. It influences the supervisory relationship, as supervisees reported disappointment and perceived lack of safety in the relationship and less involvement in future supervision sessions (Hess et al., 2008). Furthermore, non-disclosure can have a negative personal

effect, for example, loss of confidence, embarrassment and guilt experienced by the trainee. In addition, trainees felt that non-disclosure had a negative impact on their work with clients in the form of a weaker therapeutic relationships with the clients and lessened involvement in sessions (Hess et al., 2008). Ladany et al's. (1996) research also proposes, that 66% of information that were not disclosed in supervision were typically discussed with friends or peers in the field, and these non-disclosures were perceived as more imperative to supervisee's functioning than non-disclosures that were not shared with anyone.

Better insight into non-disclosure comes from understanding that nothing exists as a completely separate entity and non-disclosure is no exception. Results of Mehr et al's (2010) study revealed that a strong working alliance in supervision was related to lower levels of non-disclosure and higher motivation for disclosure. Furthermore, Hess et al (2008) points out that non-disclosure is experienced differently in trainees with good or bad working alliances, with the later group reporting negative views and emotions of frustration and disappointment. The supervisory working alliance can be understood as a bond between the supervisor and supervisee, created by working together on mutual goals and tasks (Stern, 2009). Supervisory working alliance is dynamic and it changes over the duration of supervision (Ladany, Ellis, & Friedlander, 1999). The supervisor's evaluation of the working alliance seems to be more stable across time compared with the trainee's perception which tends to fluctuate, as the supervisee is more vulnerable and reactant in this relationship (Burke, Goodyear, & Guzzard, 1998). As the trainee is the one mostly in control of the information shared in supervision, it can be hypothesised that it is his or her perception of the supervisory working alliance that would be influential in deciding what to disclose.

Overall, it would seem that there is a considerable amount of information on trainee's non-disclosure. However, this evidence comes from a limited amount of research and has some shortcomings. Methodologically, all of the studies highlighted were retrospective and therefore prone to memory bias. In addition, considering the sensitivity of the studied area, it is possible that trainees could have been selective about information revealed to

researchers. Ladany et al. (1996) and Mehr et al's. (2010) studies used free-form questionnaires and scales which only offered pre-selected options as to what, why and in what manner have trainees not disclosed information. Furthermore, these authors concentrated on overall retrospective experiences of supervision (Ladany et al., 1996) or on a single session (Mehr et al., 2010) and did not explore the longitudinal process of supervision in great detail. Hess et al (2008) utilized interviews to collect data, however, they asked participants to describe one single incident of non-disclosure, which considerably affected them or the supervisory relationship. This could have omitted repertoire of possible answers of non-disclosures. Noticeably, none of the above studies has explored in detail the complex and procedural longitudinal nature of supervision. In addition, the above studies did not concentrate primarily on what would promote information sharing. It can be hypothesized that factors influencing non-disclosure are not necessarily exact opposites of factors influencing disclosure and different factors can step in. Lastly, all of the above studies were conducted in the USA, with different cultural and educational systems and systems of practice.

Therefore, the aim of the current research is to address this identified gap by employing a naturalistic case study research design in exploring determinants of information sharing in supervision. Case studies are particularly useful as a research methodology, when studied phenomenon cannot be separated from its context, in order to fully understand it (Baxter & Jack, 2008; Yin, 2009). This will allow for a more detailed understanding of factors involved in information sharing in real-life supervision, and eliminate memory bias and possible selectiveness of participant's responses common in survey type studies.

Results of Wheeler & Richard's (2007) systematic review on the impact of clinical supervision on the therapist, their practice and their clients indicates that supervision has a positive effect on a supervisee's growth, development, skills and self-efficacy. This enables supervisees to improve their practice, which increases the likelihood of improved client outcomes (Wheeler & Richards, 2007). However, these benefits of supervision can be limited if the supervisee does not feel able to share information within supervision.

STUDY OBJECTIVES AND PURPOSE

PURPOSE

The purpose of this study will be to gain a better understanding of factors which promote and hinder information sharing in supervision of a trainee clinical psychologist working within a CBT framework. This study will aim to contribute to development of theory about how this information sharing is determined within the supervision session. Specifically, we aim to concentrate on supervisee's role.

This purpose is selected to address the gap identified in literature, which marginally concentrates on retrospective accounts of non-disclosure. Anticipated theory and understanding of the complex information sharing process involved in supervision resulting from this study, may lead to more efficient use of time by both health care professionals involved, and furthermore, likely improve clinical practice and client outcomes.

PRIMARY OBJECTIVES

Therefore, this study will address the following research question:

How is a supervisee's information sharing determined in supervision sessions?

Proposition

As this research will be an exploratory and theory building case study, it is difficult to propose anticipated outcomes. However, as identified in literature, supervisory working alliance has an impact on this process, making information sharing more or less likely, and therefore this is where we will start our sampling strategy as described later in this proposal.

Available data pool

Following data collections are currently part of researcher's routine clinical practice in order to further her professional and personal development. These represent a readily available data pool from which our sample data will be selected. As this is an exploratory case study it is possible that we may use

various data available, however, we will aim to primarily concentrate on video recordings of supervision sessions.

- Audio recording of therapeutic sessions with clients
- Audio recording of free-flow recall of the session immediately after the session
- Clinical notes.
- Video recording of supervision session
- Main supervision log for regular supervision sessions
- Brief supervision log for clinically or personally relevant short conversations with supervisor outside the regular supervision
- Supervisory working alliance completed by trainee
- Session by session tracking of working alliance with client as rated by trainee

STUDY DESIGN

Naturalistic and exploratory single case study research design will be used to address the aim of this research. This method is particularly useful as a research strategy when studied phenomenon, like supervision, cannot be separated from its real-life context in order to fully understand it (Baxter & Jack, 2008; Yin, 2009). The unit of analyses will therefore consist of supervision sessions of a trainee clinical psychologist, who is also the researcher.

As with any other research design it is important to address its credibility. In terms of external validity, it is not the aim of a case study to offer statistical generalization (Yin, 2009). Instead it offers theoretical generalization by contributing to development of theory, and this is what the current study aims for. Construct validity will be addressed by use of established psychometric tools (described later in this proposal) and by clearly specifying how the supervision will be captured. Lastly, reliability of the study will be promoted through documenting research procedures clearly and in details within a research log and reflexive log and through maintaining an organised study database, as these will allow establishing a chain of evidence accessible for audit.

STUDY REGIMEN

Video recordings of supervision sessions will be the main point of analyses. The steps demonstrated in Figure 5. represent the chain of activities that lead up to supervision sessions. An understanding of this regimen is necessary to identify all parties involved and aspects of this study that will need to be considered.

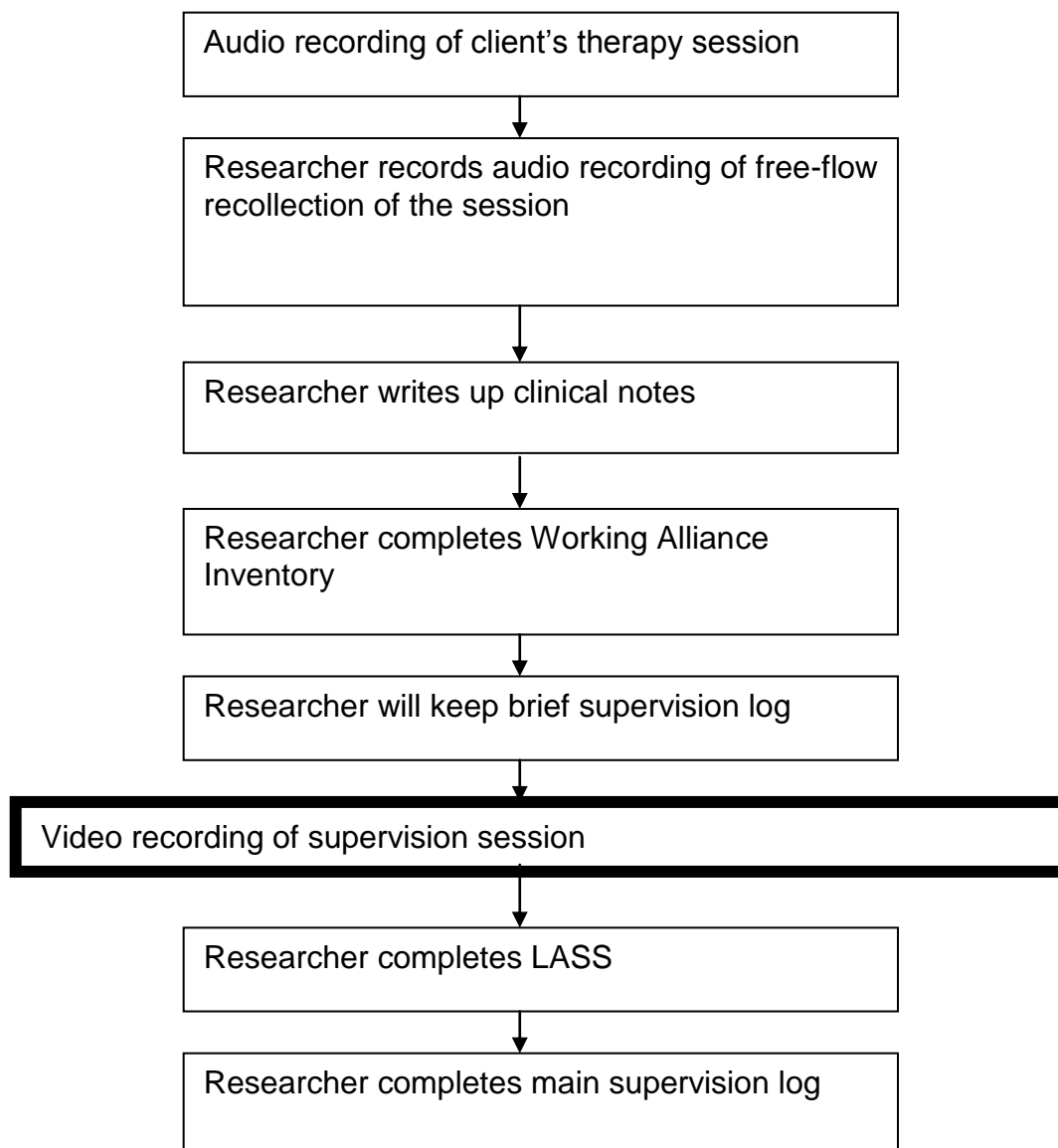


Figure 5. Process of data collection resulting from clinical practice

In some cases video recording of therapy sessions may take place for supervision purposes. In this instance this recording will be treated only as audio for the purpose of the study.

The Working Alliance Inventory is a well established self-reported measure, rating therapeutic alliance with clients, which also has a version for

therapists. Reported psychometric properties of this scale are as follows: $\alpha = 0.90$, inter-rater reliability of 0.92, and test-retest reliability of 0.73 (Martin, Garske, & Davis, 2000).

Brief supervision logs serve the purpose of recording short conversations with supervisors where important clinical or personal information are shared.

Main supervision logs serve the purpose of recording the agenda and tasks agreed within supervision.

LASS (Leeds Alliance in Supervision Scale) is a newly developed brief sessional measure of supervisory alliance, which was developed by Dr. Nigel Wainwright, and is based on analyses and synthesis of eight existing supervisory alliance scales (Wainwright, 2011). Reported psychometric properties of this scale are as follows: $\alpha = 0.713$; test re-test reliability of 0.634. This new measure and both supervision logs are included in appendices A, B and C.

Compliance

The Research log will be kept by the researcher together with a reflection log in order to monitor whether each step of the study regime, study managements and data analysis are followed. Also to record any other issues that may influence the process and result of the research. These logs have already been started as a part of design this protocol.

METHODS

Sampled recordings of supervision sessions will be transcribed verbatim and aspects of non-verbal language will also be noted.

Various qualitative methodologies were considered for analysing the data. Firstly, we looked into thematic analyses as described by Braun and Clarke (2006). However, results of this analysis would be heavily dependant on the content of therapy sessions and therefore would not allow for the rich theory of factors influencing information sharing. Secondly, conversation analyses as described by Drew (2008) was considered appropriate, however, this methodology requires years of training in order to be completed soundly

and therefore given the time limited nature of this study this is not an option for the researcher. Consequently, grounded theory as described by Charmaz (2008) is selected as an appropriate method for both the study and time limitations of the study.

Grounded theory is an analytical and theory building strategy, based on comparative and interactive method in approaching data (Charmaz, 2003). Grounded theory not only allows analysis of provided information but also unstated intentions and therefore will be a useful tool to analyse what determines information sharing in supervision.

Data analysis involves coding of the data, creating conceptual categories and memo-writing. Memo-writing helps to identify codes, clarify categories and also develop a narrative form in order to move on to the first draft, which will then be compared to existing knowledge and integrated into theory (Charmaz, 2008)

Grounded theory, similarly to case study design, offers theoretical generalisation, as opposed to statistical generalisation, and aims to contribute to theory. Based on Yardley's (2008) suggestions, validity of the analysis will be enhanced through triangulation. Specifically, this will be addressed through longitudinal data gathering from participants and through discussions with the co-investigator on data coding, on deciding categories and on theory building. Furthermore, the participating supervisor will be offered the opportunity to feedback on the grounded theory draft and final paper prior to dissemination. Reliability of the study will be enhanced through establishing clear paper trails and chain of evidence of analysis and through transparency of the whole process and results.

According to Charmaz (2003) grounded theorists do not need to subscribe to a distinct epistemological position. Rather, they exist on a continuum between an objectivist and a constructivist stance. However, for the purpose of this study we position ourselves towards the constructivist end of the continuum, and recognise mutual creation of knowledge by viewer and the viewed (data) and aim towards an interpretative understanding.

Sampling, sample size and justification

Simultaneous co-existence of data collection phase and data analyses phase in grounded theory shapes the sampling strategy (Charmaz, 2008). Consequently, it is difficult to establish definite sampling strategy in advance.

However, due to the naturalistic case study design of this project our data collection will be completed prior to analyses. It is our intention to have around 30 one hour long (approximately) video recordings of supervision sessions.

Based on identified literature, we expect that using levels of the supervisory working alliance will serve as a theoretical sampling strategy that will increase the richness of the data necessary to build a theory. We will start by selecting and analysing supervision session with the highest working alliance first, then possibly proceed to the session with the lowest supervisory alliance in order to identify different aspects that would enrich theory building. However, we are aware that other sampling strategies may become obvious as the data analysis progresses. We will carry on this comparative and interactive method until data saturation is reached.

Nevertheless, data saturation presents unclear boundaries for identifying the final number of the sessions that will be analysed. We were unable to identify similar study in literature that could provide guidance on the final sample size. Though, we are naturally limited to around 30 sessions, and generic guidelines reported by Noerager Stern (2007) suggest that 20-30 hours of recorded data is usually sufficient to reach data saturation in grounded theory.

SELECTION AND WITHDRAWAL OF PARTICIPANTS

Recruitment

There are two different levels of participation in this study, which could be classed as direct and indirect. The researcher is the supervisee, whose supervision sessions will be recorded. Therefore, the researcher together with supervisor are the main focus of research and are directly involved. However, supervision sessions are primarily based on client's work. For that reason, clients attending therapy, who are seen by the researcher, will be involved

indirectly. All participants will be recruited from the xxxxxxxx NHS Trust as this is the researcher's place of work and setting where the researcher receives supervision.

Participation will be offered to any client seen by the researcher who is able to give informed consent and for whom data collection has taken place. Clients will be approached by the researcher who is also their therapist. To minimise ethical dilemmas this will be done at the point of client's discharge. The researcher will inform participants of all aspects pertaining to participation in the study and provide the client with a Participant Information Sheet. It will be explained to the potential participant that entry into the study is entirely voluntary and that in the case of clients their treatment and care will not be affected by their decision.

The supervisor will be offered participation as soon as the study receives ethical approval. Due to DClinPsy Programme requirements of core competencies to be gained on placement, preliminary research ideas had to be discussed with the researcher's clinical supervisor who expressed interest in this study.

Inclusion criteria

There are two main inclusion criteria for this study:

- Client, who is being seen by the researcher in her clinical practice and able to give informed consent and for whom data collection takes place
- Researcher's clinical supervisor

Exclusion criteria

There are no exclusion criteria applicable to this research.

Expected duration of participant involvement

- Data collection related to clients will take place for the length of their therapy with the researcher (no later than September 2011).
- Data collection related to researcher and supervisor will take place until the last supervision session in September 2011.

Participant withdrawal

Both the clients and the supervisor may withdrawn from the study at their own request at anytime. Clients will be made aware that this will not affect their future care. It will be explained to participants that they can withdraw and have their data erased if requested up until the point of data transcription. In the event of their withdrawal, after this point it will be explained that their data collected so far cannot be erased as they would have already been an integral part of the analyses and it would be not be possible to separate these out, but the researcher will seek consent to use the data in the final analyses where appropriate.

Informed consent

The process for obtaining participant informed consent will be in accordance with the Research Ethics Committee (REC) guidance, and Good Clinical Practice (GCP) and any other regulatory requirements that the researcher has to abide by. The investigator and the participant shall both sign and date the Consent Form before the participant can take part in the study. The researcher will explain the details of the study and provide a Participant Information Sheet, ensuring that the participant has sufficient time (minimum of 24 hours) to consider whether they wish to participate or not. The Investigator will answer any questions that the participant has concerning study participation. One copy of informed consent will be kept by the participant, one will be kept by the researcher, and a third will be retained in the patient's records where applicable. Should there be any subsequent amendment to the final protocol, which might affect a participant's involvement in the study, continuing consent will be obtained using an amended Consent Form, which will be signed by the participant. If the Consent Form is amended during the study, the investigator shall follow all applicable regulatory requirements pertaining to approval of the amended Consent Form by the REC.

STUDY MANAGEMENT

The researcher has overall responsibility for the study and shall oversee all study management. The researcher will endeavour to protect the rights of the study's participants to privacy and informed consent, and will adhere to the Data Protection Act, 1998. Data, which will be gained through researcher's clinical practice but has not been consented for research purposes, will not be used in the study.

All data collection will take place at two locations (xxxxxxx), which are the researcher's current placement locations. Recordings (audio recordings of therapeutic sessions, session recalls and video recordings of supervision sessions) will be transferred onto a secured NHS computer immediately after the sessions. These will be stored on a backed-up network drive accessible (only by the researcher) at both location sites. Once the memory capacity of the computer has been reached the data will be transferred onto DVD discs which will be stored in a secured cabinet at the NHS study coordination centre (researcher's place of work). The therapeutic working alliance and supervisory working alliance measures completed by the researcher will be anonymised by the use of coding and will remain on NHS premises at the data location site and again will be stored in a secured locked draw until the end of the researchers placement. The code identifier file will be stored separately on the secured NHS computer and the file itself will be password protected.

Transcription of supervision sessions will take place at the study coordination centre. Anonymised transcripts and alliance measures will be transferred securely in a locked case to the University of Lincoln and kept secure at the Trent DClinPsy programme offices where the data analyses will take place.

The researcher will be the data custodian until the end of the study and training (September 2013). After this time xxxxxxxxxx (and researcher's clinical supervisor) working permanently at the research coordination centre, will become the data custodian for the audio and video recordings. Thomas Schröder (study co-investigator) will become data custodian for the anonymised transcripts and alliance measures.

DURATION OF THE STUDY AND PARTICIPANT INVOLVEMENT

Highlighted in Figure 6. below is the estimated project timetable. Data collection is already part of the researchers clinical routine practice. Data collection related to clients will take place for the length of their therapy with the researcher. The data collection relating to researcher and supervisor will take place until the last supervision session in September 2011. Ethical approval from local Research and Development (R&D) Department and Integrated Research Application System (IRAS) ethical approval will be sought between May 2011 and September 2011. This will be followed by a transcription phase together with a data analyses phase in congruence with grounded theory requirements. It is estimated that an eight months period should allow the required time to conduct an in-depth analysis. This will be followed by a research report write up, preparing article for dissemination and preparation for viva voce.

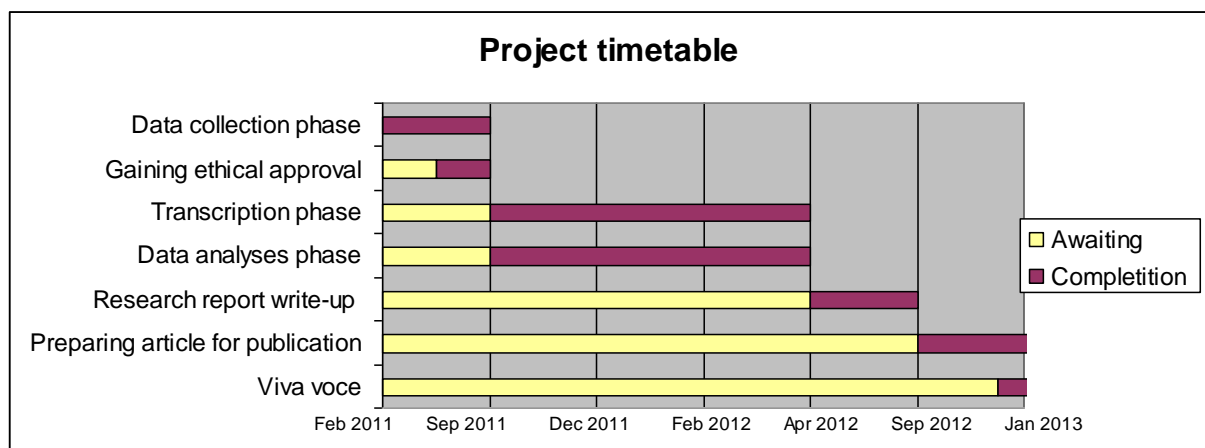


Figure 6. Estimated project timetable

End of the study

The data collection section of the study will end by September 2011 when the researcher completes her placement; however, the whole study will end in January 2013 with viva voce examination.

The Sponsor reserves the right to discontinue this study at any time for failure to meet expected enrolment goals, for safety or any other

administrative reasons. The Sponsor shall take advice as appropriate in making this decision.

Data management after the termination of the study

Not all data gained in clinical practice will be used in the final analysis. Data not used will be securely destroyed by the researcher immediately after the conclusion of the study. Unused audio and video recordings will be erased (or DVD discs broken if applicable) and unused paper documents (transcripts, supervisory working alliance measure and supervision logs) will be cross-shredded at the study coordination centre. Therapeutic working alliance measures will be retained within the client's clinical notes where applicable or cross-shredded.

Anonymised data used in the final analysis will be held in locked draws at the Trent DClinPsy offices at the Lincoln University for the period of seven years after which the data custodian (Thomas Schröder) will be responsible for destroying these securely. xxxxx, data custodian at the study coordination centre, will be responsible for destroying used audio and video recordings retained at this site after the seven year period has lapsed.

ADVERSE EVENTS

Adverse events for all involved participants might occur. However, this would not be as a result of participation in the study, but as a result of normal practice and are part of the nature of the work. Clients come to therapy to discuss difficult and distressing topics. However, the researcher is at the moment undertaking a doctorate in clinical psychology and is therefore skilled to deal with client's distress. Furthermore, the researcher receives supervision for her practice and therefore the supervisor further safeguards clients. Should there be any concerns about client's safety usual xxxxxx policies and procedures on dealing with risk will be followed.

Both the supervisor and the researcher themselves are participants in this study and can also become distressed by the nature of their work, it is in the supervision where this is addressed. Should there be any personal or professional conflicts that cannot be resolved in the supervision sessions,

these can be addressed by the researcher's clinical and personal tutors at the University of Lincoln and/or the supervisor's manager.

ETHICAL AND REGULATORY ASPECTS

The study will not be initiated before the protocol, consent forms and participant information sheets have received approval / favourable opinion from the Research Ethics Committee (REC), and the respective National Health Service (NHS) Research & Development (R&D) department. Should a protocol amendment be made that requires REC approval, the changes in the protocol will not be instituted until the amendment and revised informed consent forms and participant information sheets have been reviewed and received approval / favourable opinion from the REC and R&D departments. Minor protocol amendments only for logistical or administrative changes may be implemented immediately; and the REC will be informed.

The study will be conducted in accordance with the ethical principles that have their origin in the Declaration of Helsinki, 1996; the principles of Good Clinical Practice, and the Department of Health Research Governance Framework for Health and Social care, 2005.

INSURANCE AND INDEMNITY

Insurance and indemnity for clinical study participants and study staff is covered within the NHS Indemnity Arrangements for clinical negligence claims in the NHS, issued under cover of HSG (96)48. There are no special compensation arrangements, but study participants may have recourse through the NHS complaints procedures.

PUBLICATION AND DISSEMINATION POLICY

The researcher intends to share the findings of this study with the participating supervisor and staff at the study coordination centre. Results of this study will be presented in a doctoral thesis and in viva voce examination in 2013. Following this the researcher will also aim to publish an article with study results in a peer-reviewed journal. Participants will not be identifiable in any publications.

STUDY FINANCES

Funding source

This study is funded by the University of Lincoln and Table 12. below represents the breakdown of the proposed costings. It is estimated that about twenty DVD discs will be necessary to accommodate the storage of all therapeutic and supervision sessions recordings, session recalls and electronic versions of documents, such as supervision logs and transcripts. It is estimated that about two to three printer cartridges and two reams of paper will be needed in order to conduct the detailed work of the transcripts in accordance with the grounded theory analysis. It is possible that the researcher might attend relevant conferences to increase her knowledge and skills in both supervision and grounded theory, it is estimated that £300 should be sufficient to cover all expenses and conference fees. A budget of £140 will remain for any other not anticipated expenditure.

Table 12: Proposed research budget

Item	Cost
DVD discs	£20
Possible conference attendance	£300
Printer paper (for transcripts)	£10
Printer ink cartridges (for transcripts)	£30
Total	£360

Participant stipends and payments

Participants will not be paid to participate in the study.

SIGNATURE PAGES

Signatories to Protocol:

Chief Investigator: (name) _____

Signature: _____

Date: _____

Co- investigator: (name) _____

Signature: _____

Date: _____

Study Statistician: (name) _____

Signature: _____

Date: _____

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Appendix J: University ethical approval⁴²



Lincoln, 1-8-2011

Dear Zuzana Rothlingova,

The Ethics Committee of the School of Psychology would like to inform you that your project on “How is a information sharing determined in supervision sessions of trainee clinical psychologist?” is:

☐ approved

☒ approved subject to the following conditions:

You state in your response to point 7 that “... client's can contact researcher on the details provided if they wish to withdraw from study.” This information is not included in the consent form, or in the participant information sheet. Could you make reference to this issue in both of these documents?

In response to your question about which contact details in relation to the University Ethics Committee to include; please use the contact details provided in my signature below.

☐ invited for resubmission, taking into account the following issues:

☐ is rejected. An appeal can be made to the Faculty Ethics Committee against this decision (cawalker@lincoln.ac.uk).

☐ is referred to the Faculty Ethics Committee. You will automatically be contacted by the chair of the Faculty Ethics Committee about further procedures.

Good luck with your project.

Yours sincerely,

Emile van der Zee, PhD

Chair of the Ethics Committee of the School of Psychology
University of Lincoln, Department of Psychology
Brayford Pool
Lincoln LN6 7TS
United Kingdom
telephone: +44 (0)1522 886140
fax: +44 (0)1522 886026
e-mail: evanderzee@lincoln.ac.uk
<http://www.lincoln.ac.uk/psychology/staff/683.asp>

⁴² Please note that this form was originally issued in non-amendable pdf document format, therefore changes in formatting were not possible.

Appendix K: Supervision log forms

Regular supervision log

Trainee:	Supervisor:	Date:
Client discussed:		Date of main session discussed:
		Reviewed recordings
Client discussed:		Date of main session discussed:
		Reviewed recordings
Client discussed:		Date of main session discussed:
		Reviewed recordings
Other issues:		
Tasks:		To be completed by:

Brief supervision log

Date	Things discussed

Appendix L: R&D ethical approval

Ref: xxxx

Research and Effectiveness Team

Date: 23 August 2011

Trust Headquarters

xxxxxx

Miss Zuzana Rothlingova

xxxxxx

Trainee Clinical Psychologist

xxxxxx

Trent DClinPsy Programme

xxxxxx

Faculty of Health, Life and Social
Sciences

xxxxxx

First Floor, Bridge House

Brayford Pool

Tel: xxxxxx

LINCOLN

Fax: xxxxxx

LN6 7TS

-TRUST LOGO-

Dear Miss Rothlingova

Study title: **Determinants of Information Sharing in the Supervision of a Trainee**

Chief investigator name: **Miss Zuzana Rothlingova**

Sponsor name: **University of Lincoln**

REC number: **Ethics Committee of the School of Psychology, University of Lincoln**

Date of permission: **23 August 2011**

List of all site(s) for which NHS permission for research is given: **xxxxxxxxxx**

List of all PIC(s) for which agreement is given: **N/A**

NHS permission for the above research has been granted by xxxxxxxxxx Trust on the basis described in the application form, protocol and supporting documentation. The documents reviewed were: **protocol; ethics approval; NHS R&D form; NHS SSI form; Information sheets; consent forms; Chief Investigator CV; Academic Supervisor CV**

Permission is granted on the understanding that the study is conducted in accordance with the Research Governance Framework, ICH GCP and NHS Trust policies and procedures (available at <http://www.lpt.nhs.uk/>).

Permission is only granted for the activities for which a favourable opinion has been given by the REC [and which have been authorised by the MHRA]

List of any conditions of approval: **none**

The research sponsor or the Chief Investigator, or the local Principal Investigator at a research site, may take appropriate urgent safety measures in order to protect research participants against any immediate hazard to their health or safety.

The Research and Effectiveness office should be notified, at the address above, that such measures have been taken. The notification should also include the reasons why the measures were taken and the plan for further action. The Research and Effectiveness Office should be notified within the same time frame of notifying the REC and any other regulatory bodies.

Any research carried out by a Trust employee with the knowledge and permission of the employing organisation will be subject to NHS indemnity. NHS indemnity provides indemnity against clinical risk arising from negligence through the Clinical Negligence Scheme for Trusts (CNST). Further details can be found at Research in the NHS: Indemnity arrangements (Department of Health 2005).

All amendments (including changes to the local research team) need to be submitted in accordance with guidance in IRAS.

Please inform the Research and Effectiveness department of any changes to study status.

Please note that the NHS organisation is required to monitor research to ensure compliance with the Research Governance Framework and other legal and regulatory requirements. This is achieved by random audit of research.

We are pleased to inform you that you may now commence your research. Please retain this letter to verify that you have Trust permission to proceed. We wish you every success with your work.

Yours sincerely

- SIGNATURE-

xxxxxxxxxxxxx

Assistant Director Research and Effectiveness

xxxxxxxxxxxxx

Cc Sponsor – Professor Sara Owen, Faculty of Health, Life and Social Sciences, University of Lincoln, Brayford Pool, LINCOLN, LN6 7TS

Enc: Data Protection Guidance on the transportation of personal identifiable data

Appendix M: University Ethic Approval after the amendments

From: Emile van der Zee

Sent: Mon 26/03/2012 12:58

To: Zuzana Rothlingova (10197341)

Subject: RE: ethic query/amendments

Dear Zuzana,

no new application is necessary. I have made note of the changes. Thank you for informing us. All my best,

Emile

Emile van der Zee PhD MSc CPsychol AFBPsS

Principal Lecturer in Psychology

Programme Coordinator MSc in Child Studies

School of Psychology

Brayford Campus

University of Lincoln

Lincoln LN6 7TS

evanderzee@lincoln.ac.uk

<http://www.lincoln.ac.uk/psychology/staff/683.asp>

From: Zuzana Rothlingova (10197341)

Sent: Mon 26/03/2012 10:13

To: Emile van der Zee

Subject: ethic query/amendments

Dear Dr. van der Zee,

I was wondering if you could help me with a query. I would like to amend my original research project on “How is an information sharing determined in supervision sessions of a trainee clinical psychologist?” which gained approval on 01.08.2011.

The amendments relates to the storage of digital data (specifically the audio recordings of therapy session, of my recall of these sessions and video recordings of supervision sessions). xxxxxxxxxx who was to become the data custodian after the end of study is now applying for jobs in xxxxxxx and will be leaving. I myself have moved from the NHS base where data collection took place to a different base within xxxxxxx, however after xxxxxx leaves it will be more difficult for me to gain access to the data at the original research coordination side. Further nobody else was identified within xxxxxxx that would be suitable and willing to become data custodian after the study ends. I would therefore like to move these data to the Trent DClinPsy programme offices where the transcription could take place safely and confidentially. These data will be kept safe in locked cabinets and Thomas Schröder would become the data custodian for these data as well. The data will be safely destroyed seven years after the end of the study. Trent DClinPsy offices seem to be the most stable, permanent and secure location for storage of these data.

In summary the amendments would mean:

- storing of digital data (audio and video recording) at the Trent DClinPsy offices (instead of the NHS premises highlighted in the approval)
- transcription of the data to take place at the Trent DClinPsy offices (instead of the NHS premises)
- change of data custodian for these data from xxxxxxx to Thomas Schröder after the end of the study.

Would I need to draft a new ethical approval form in order to accommodate for these changes or can these be sorted out and approved through this email?

Thank you for your help.

Best wishes,

Zuzana Rothlingova
Trainee Clinical Psychologist
Trent DClinPsy Programme
Faculty of Health, Life and Social Sciences
University of Lincoln
1st Floor, Bridge House
Brayford Pool
Lincoln
LN6 7TS
UK
Phone:07783370896
Fax: N/A
Email: 10197341@students.lincoln.ac.uk

Appendix N: NHS Ethical approval after the amendments

From: xxxxxxxxxxxxxxxxxxxx

Sent: 25 April 2012 13:38

To: Rothlingova Zuzana (xxxxxxxxxxxxxxxxxxxxxx)

Subject: RE: Determinants of information sharing in the supervision of a trainee - research project

Hi Zuzana

Thank you for forwarding this amendment relating to your research study - Determinants of information sharing in the supervision of a trainee.

Please accept this email as confirmation of the acceptance and approval of the amendment; I confirm that NHS permission remains unchanged for your study within the Trust.

Good luck with your continued research work.

Kind regards

xxxxxxx

Research and Development Coordinator/

xxxxxxxxx

xxxxxxx

Research and Effectiveness Department

Trust Headquarters

xxxxxxxxxxx

Tel: xxxxxxxx

Appendix O: Consent for using LASS for the research purposes

Re: LASS

Wainwright Nigel [xxxxxxxxxx]

Sent: 14 March 2011 21:52

To: Rothlingova Zuzana (xxxxxxxxxxxxxx)

Hi Zuzana

Very sorry for my late reply!

I would be very happy for you to use my scale in your research. I will send you a copy of the scale to use. You will just need to make sure that it is a 10cm line when you print it out. I will also send you my presentation. I'll do this tomorrow when I'm on my work computer.

In terms of referencing me in your research proposal, the best thing to do would be to reference my thesis. My thesis is available for you to look at online. The url to access it is:
<http://etheses.whiterose.ac.uk/1118/>

It would be great to hear more about your research. Perhaps if you can send me a copy of your research proposal that would be good for me to see what you are looking at doing.

I am in the process of starting to write up my thesis for publication. Perhaps I might have it published by the time you finish your research.

I will try to remember to send you the other stuff tomorrow - if I forget, send me an email and prompt me.

Let me know if I can be of any further help.

Regards

Nigel Wainwright

Appendix P: Leeds Alliance in Supervision Scale (LASS)

Leeds Alliance in Supervision Scale (LASS)

Instructions:

Please place a mark on the lines to indicate how you feel about your supervision session

This supervision supervision session was was not focussed	(Approach)	This session
]	-----	[focused

My supervisor supervisor and I did not understand understand each other other in this session	(Relationship)	My and I did each in this session
]	-----	[

This supervision supervision session was not helpful to me	(Meeting my needs)	This session was helpful to me
]	-----	[

Appendix R: Worked transcript

Transcript 20110623

()-behaviours: laughs, fidgeting, hunching.....

[] explanations descriptions of what's happening to aid understanding of transcript

.....pauses

_____ name

Dnc – did not consent

Note: Focused code- Sr actives listening/minimal encouragers runs through whole transcript

	Transcript	Initial coding	Focused coding
1	Se: good		
2	Sr: I think it's the weather		Small talk?
3	Se: because I felt sleepy all day	Se- sleepy	
4	(inaudible) ahhh...		
5	Sr: (smiles) how are things	Sr- ?	Sr asks direct
6	Se: good, I hope I think, yeah	Se- good	question
7	(smiles) I think the first thing I	Thing to check	Se- provides
8	wanted to check I realised when I		answer
9	have done the diary thinking, you	Annual leave	
10	are on annual leave next week,		
11	isn't it		
12	Sr: I'm , yeah		
13	Se: and I'm assessing _____ on	Assessing	
14	Friday		
15	Sr: hm		
16	Se: having another assessment	And again next week	Se keeps sharing
17	session the next Friday, but then	Need to know when	more details
18	on the next Friday I need to be	to book next	
19	able to tell her to come for a third		
20	session which might be either with		
21	you, me or both, depending on the		
22	assessment		

25	Sr: yeah (nods)		
26	Se: now the only trouble with that	Doing re-sit on 8 th	
27	is, that the Friday after that the 8 th		
28	is the day when I'm doing my re-		
29	sit (smiles)		
30	Sr: it is (smiles)		
31	Se: so that would bring us to do it	Doing it on	Se seeks help?
32	on Tuesday which would be the	Tuesday?	
33	5 th if you would have any space in		
34	case you need to be there.		
35			
36	Sr: I don't have any space	Sr- no space	
37	Se: ok		Sr- logistics?
38	Sr: ehm, so perhaps the best		Willingness to help?
39	thing to do would be to Not	No booking that	Engagement with
40	book her in for that week	week	supervision, work?
41	Se: yeah		
42	Sr: so basically take it that you will		
43	do two assessment sessions,	2 sessions and then	
44	ehm, and then we can make sure	15 th	
45	we have a timeslot ... let's have a		
46	look For Friday the 15 th		
47	Se: yeah (nods).....		
48			
49	Sr: which it might be that I will	Might join Se	
50	come and join you or not		
51	Se: nods		
52	Sr: it's all depending really on	Depending	
53	what		
54	Se: yeah (nods) on what the	Se- on assessment	
55	assessment will uncover		Attunement ???
56	Sr: (nods) on what the	Sr- assessment	
57	assessment is		
58	Se: yeah..	Time to talk	
59	Sr: but that will give us time to		Sr gives advice?
60	also talk about it		Explanation?

61	Se: yeah		
62	Sr: and then you can move on to	And then move on	
63	doing that if necessary or not		
64	Se: definitely gives the breathing	Se: breathing space	Se agrees
65	space		
66	Sr: ehm... so if we said, if we said	Sr- 1.30?	
67	1.30 , what time do you see...		Logistics??
68	Se: 2 o'clock if she comes, I still	Se- seeing client at 2	
69	haven't heard from her, well I	if she comes	
70	haven't even called		
71	_____ (placement location) to find	Not checked	
72	out if there is a message so I will		
73	see tomorrow		
74	Sr: ehm...well if we say....		
75	Se: I can always try and move	Can move her to 3	
76	_____ for 3 o'clock on that day		Sr lets' Se make
77	Sr: I suppose it's up to you, I can	Sr- up to Se	decision, giving
78	do 1 o'clock so 1 to 2 which	1-2 option, straight to	responsibility?
79	means you will be going straight	next client	
80	into _____ how would that feel	?	Sr asks direct
81	Se: I think that's fine, because she	Se- fine	question
82	is an ongoing client so if she does	Ongoing client	Se gives info
83	come		
84	Sr: yeah, you feel sort of able to	Sr- feel able	Sr offers
85	Se: yeah just to jump in	Se- jump in	observation?
86	Sr: in a way to do it	Sr-do it	Opinion?
87	Se: I tend to prepare anyway and	Se prepares in	Se shares info
88	I will have the whole morning to	advance	
89	prepare but she is somebody I		
90	know so I don't feel anxious about	Know= not anxious	
91	her or anything		
92	Sr: yeah (nods)		
93	Se: so I don't have the pressure of	No pressure	
94	having that .. that tiring thing		

97	(smiles)		
98	Sr: well that might be than the	Sr- the best way	Logistics???
99	best way around it than ..so yes,		Engagement,
100	we will say that	Set	willingness to
101	Se: so 1 o'clock	Se- 1pm	help??
102	Sr: yeah ... and that will than	Sr- time to chat	
103	allows us time to meet, chat		
104	Se: hm (nods)		
105			
106	Sr: or we can discuss really on	Or discuss on	
107	that Tuesday and then obviously	Tuesday	
108	you are around... you are around		
109	on Thursday? Are you in on the	In on Thursday?	Sr asks question
110	Thursday the 7 th ?		
111	Se: yes because I guess that	Se- yes,	
112	being an assessment I will need	assessment= more	Se shares more info
113	lot more time than just the usual	time needed	
114	review (smiles)		
115	Sr: yeah ... so we will look at that	Sr- will do	
116	...right.. oh yeah and we have got	Home visit on that	
117	that home visit as well	day	
118			
119	Se: yeah		
120	Sr: ehm... do we want some time	Have time after that	Sr asks question??
121	after that? Yeah we will fit in	as well	
122	something (seems like Sr is		
123	muttering to herself more than		
124	anything)		
125	Se: I have got all day apart from 4	Se- has all day until	Se answers
126	o'clock when I should be seeing	4	
127	B.		
128			
129	Sr: god, there is never any time	Sr- lack of time	
130	when you need it		
131	Se: (laughs) no		
132	Sr:ehm....after we eat our	After lunch	
	lunch		

133	Se: that's fine		Logistics???
134	Sr: so 1 till 2 .. I have loads of	Sr- time on	Engagement,
135	time on Wednesday but you are	Wednesday but Se	willingness to
136	not here	not here	help??
137	Se: (smiles)		
138	Sr: well I'm sure, in fact, we are	Will have time on	
139	going to be able to have some	Tuesday	
140	time on Tuesday		
141	Se: yeah I'm here the Wednesday	Se- here on wed. 6 th	
142	the 6 th though		
143	Sr: are you?		
144	Se: yeah		
145	Sr: ah yeah you are here on	Sr- got confused with	
146	Wednesday, sorry I was getting	swap Friday and	
147	mixed up, sorry , yeah you can't	Tuesday	
148	do the Friday, which is why you		
149	are doing the Tuesday		Attunement???
150	Se: the Tuesday yeah (speaking		
151	at the same time)		
152	Sr: right, lets scrap the Thursday	Scrap Thursday	
153	then		
154	Se: ok		
155	Sr: because we will have time to	Will have time to	
156	review what we need to review as	review	
157	far as _____		
158	Se: hm		
159	Sr: so no, yeah, we will go for	Go for Wednesday	Logistics???
160	Wednesday then , at the		Engagement,
161	moment... you don't have G until	G at 12?	willingness to
162	what 12?		help??
163	Se: 12.30	Se- 12.30	
164	Sr: so the morning would be fine	Morning	
165	with me ...ehm....so if we say half	8.30?	
166	eight..		

169	Se: yeah	Se- yeah	
170	Sr: is that alright Wednesday the	Sr- on 6 th	
171	6 th		
172	Se: yeah		
173	Sr: and might do till about 10 ...	Till 10, maybe longer	
174	might go, might be a longer		
175	session		Logistics???
176	Se: ok so do we still keep the	Se- keeping 5 th ?	Engagement,
177	supervision on 5 th ?		willingness to
178			help??
179	Sr: yeah		
180	Se: ok		
181	Sr: yeah because on the 5 th we	Sr- role play on 5 th	
182	are role playing and ..		
183	Se: oh yeah so that will be short	Se- short	
184	one		
185	Sr: yeah that will be taken by with	Sr- taken by that	
186	that but I think it's worth while,	Worthwhile	
187	because you would have seen		Sr offers
188	some people and you would have	And missing next	explanation?
189	missed out following week	week	
190	Se: yeah		
191	Sr: and because you will be doing	Doing assessments	
192	the assessment		
193	Se: yeah I think the assessment	Se- assessments will	Se shares info
194	will take a long time because I will	need longer	
195	want to say all the information and		
196	everything so yeah		
197	Sr: yeah		
198	Se: oh good great		
199	Sr: so that will just give you the	Sr- will give right	Sr- explanation
200	right time	time	
201	Se: yeah and we will also balance		Se shares more info
202	out for the week before so when it	Se- and balance out	
203	goes to my university, supervision	supervision log	
204			

205	log people are happy (smiles)		
206	Sr: yeah so we might you know,	Sr- might do two	
207	we might do two hours, we will	hours	Logistics???
208	sort of see. At the moment I		Engagement,
209	haven't got anyone in until 10 or	No clients in the	willingness to
210	11.30	morning	help??
211	Se: oh good		
212	Sr: so I'm likely , so we will	Two hours	
213	probably say allow two hours		
214	actually		
215			
216	Se: great shall I bring in cake, cup	Se- bring	Humour ?
217	of tea (laughs) sandwiches	refreshment	
218	Sr: (laughs) that you know, we	Sr- got time	
219	have got that time then		
220	Se: yeah that's great, good		
221	Sr: right so how is everything else	Other things?	Sr asks direct
222	Se: ok, I had slightly different	Se- different session	question
223	session with G	with G	Se gives answer
224	Sr: hm		
225			
226	Se: in a sense that not much	Not much change	
227	different has happened. We went		And Se keeps
228	through the rationale of really	Rationale for paper	sharing info
229	doing things on the paper	work	
230	Sr: ehm		
231	Se: just externalising it, slowing	Externalising,	
232	her brain down and doing the	slowing, distraction	
233	distraction everything and she	Understanding but	
234	seems to understand it more, I	not clicking	
235	don't think it's completely clicking		
236	in yet, I don't think she is		
237	completely convinced		
238	Sr: right		
239			
240	Se: but we really talked about it a	We pushed, we	
	a lot of the session, we pushed for	practiced	

241	it, we practiced it in the session		
242	Sr: good		
243	Se: so hopefully she comes back	Hoping for	
244	with a paperwork (laughs) if not	paperwork	
245	we are going to have another		
246	session of just talking about it		
247	pushing for it	Or pushing again	
248	Sr: (smiles)		
249	Se: addressing why is it so difficult	Why difficult	
250	(laughs)		
251	Sr: yeah		
252	Se: but the interesting part of her	Had weird feeling in	
253	was that I had a really, when we	session	
254	went to the session I had a really		
255	kind of a weird feeling like argh		Se chooses aspect
256	(drops arms on chair) do I really	Do I have to	that was
257	have to do this today again kind of	Bored?	interesting? Why
258	a almost bored with the session		wanting advice,
259	Sr: yeah (nods)		sharing success???
260	Se: which was really interesting	Interesting but	
261	and I didn't really pay much	ignored	
262	attention to it, I just sort of half		
263	through the session thought,	Until half session	
264	common Se you need to wake up		
265	you need to do some work	Tried to work	
266	Sr: hm (nods)		
267	Se: so in the end we came up to		
268	quite a nice point but what was	Nice point	
269	interesting that at the end of the		
270	session what G said was Oh I'm	G glad she came	
271	actually glad I came because I	Worried about what	
272	thought oh what am I going to talk	to talk about	
273	about today and it was actually	Useful session	
274	useful session		

277	Sr: hm (smiles)		
278	Se: so it almost felt like good lord	Transference?	
279	was that a transference going		
280	there (laughs)		
281	Sr: (smiles)		
282	Se: it felt like, ahhh, I thought that	Interesting felt the	
283	was quite interesting because I	same , what to talk	
284	really felt like ok here we are	about	
285	again what are we going to talk		
286	about today		
287			
288	Sr: yeah		
289	Se: and that's what she actually	What client said at	
290	said at the end of the session,	the end	
291	which I found really interesting		Se chooses topic to
292	and surprising.		show off a good
293	Sr: (smiling). Yeah that is	Sr- agrees it's	work ?
294	interesting	interesting	
295	Se: thinking wau transference	Se- transference	
296	really does exists (laughs)	exists	
297			
298	Sr: (nods) it does yeah		
299	Se: but the interesting point we	other interesting	
300	came to in the end was we were	point	
301	talking about her self-compassion	self-compassion	
302	and about her not wanting to slow		
303	down because then she is	not slowing worried	
304	worrying about that she will never	she wont pick up	
305	pick up again		
306	Sr: (nods)		
307	Se: that she will just get too tired,	too tired	
308	too exhausted		
309			
310	Sr: nods		Se keeps sharing
311	Se: and we have talked about her	self-esteem	info, showing good
312	self-esteem and why does she		work?
	always push herself so much, why	why pushing	

313	is the perfectionism still going and		
314	she actually quite naturally herself	G said parents were	
315	came back to the fact that her	critical	
316	parents are always just punishing		
317	and criticising		
318	Sr: (nods)		
319	Se: no matter how well she did it	no matter her	
320	was never good enough and then	achievements	
321	I just said, and she was still		
322	relatively calm, presenting in kind	G saying story style	
323	of a I'm telling the story sense,	Se wondered about	
324	and then I said well I wonder if	little G there	
325	there is the little G somewhere		
326	there still		
327	Sr: (smiles and nods)		
328	Se: who just wants to hear her	waiting for parents to	
329	parents to say we are really proud	say we are proud of	
330	of you you have done really well	you	
331	Sr: (nods)		
332	Se: and she just broke down to		
333	tears (laughs)	G broke into tears	
334	Sr: well done, good	Sr- well done	Sr praises
335	Se: which was like, that's why she	Se- that's why	
336	said then in the end it was actually	interesting session	Se shares info
337	interesting session and I just		
338	thought well something probably		
339	is still, that's what really needs to	That needs work	
340	be worked on		
341	Sr: (nods) it's accessing the	Sr- accessing	Sr offers
342	emotions isn't it	emotions	explanation
343	Se: yeah		
344	Sr: it's her allowing herself to feel	Sr- allowing to feel	
345	the stuff		
346	Se: yeah because that's why she	Se- why she	Se offers more info

349	rationalise, worries and thinks so	rationalises, worries	
350	much		
351	Sr: (nods)		
352	Se: so she doesn't have to	So doesn't need to	
353	actually feel it	feel	
354	Sr: yeah and she was letting	Sr- allowed it	Sr offers
355	herself to feel it		explanation
356	Se: yeah		
357	Sr: well done	Well done	Sr praises
358	Se: that was quite interesting I	Se- interesting	
359	thought		
360	Sr: nice isn't it	Sr- nice?	
361	Se: yeah		
362	Sr: not to make someone cry	Not to make cry	And offers
363	obviously		explanation???
364	Se: no but		
365	Sr: but just to say something	To say something	
366	Se: yeah		
367	Sr: and what's quite often just a	Small thing	
368	small thing, some of it is	Thoughtful or instinct	
369	thoughtful, some of it is more of		
370	an instinct		
371	Se: yeah		
372	Sr: but to then get the immediate	And get immediate	
373	emotion response to it and that	emotions	
374	can be whole range of emotions		
375	Se: yeah, just tap the important	Se- tap the important	
376	thing		
377	Sr: and they are important	Sr- important	
378	therapeutic moments, yeah	therapeutic moments	
379	Se: and I think that's why she, I	Se- G realised	Se offers more info
380	think she also she realised herself		
381	that		
382	Sr: sounds like she recognised it	Sr- sounds like it	

385	Se: yeah there is and she said	Se- G still waiting for	
386	she still is waiting for her father	father	
387	even though he abandoned her,		
388	even thought he is somewhere in	Even they are not in	
389	America	touch	
390	Sr: (nods)		
391	Se: he is not in touch, she is still	She is waiting	
392	waiting for her father		
393	Sr: yeah		
394	Se: to come back get in touch with	To be her father	
395	her and be her father (laughs)		
396	Sr: yeah		
397	Se: and the same with her mum in	The same with her	
398	a sense, so it was quite	mum	
399	interesting. That's something we		
400	need to go and hug the poor little	Need to hug little G	
401	G		
402	Sr: (smiles and nods)		
403	Se: abandoned, neglected,	Neglected G	
404	criticised little G, so that was a		
405	really nice session, I really liked	Liked session	
406	that session.		
407	Sr: hm (nods)		
408	Se: apart from the beginning	Not the beginning	
409	(laughs) but it's just interesting	Interesting progress	
410	how session starts with I don't	in session	
411	know , like argh here we are again		
412	and then and then it becomes		
413	something really really ...		
414	Sr: (nods) they change, yeah I	Sr- legitimate	Sr offers
415	think it's probably a legitimate	Quite few sessions	explanation
416	feeling you have had quite a lot of		
417	sessions with her it does feel you		
418	are a little bit on a treadmill with	More of treadmill	

421	her at times		
422	Se: yeah		
423	Sr: she feels the same way so it's	G feels the same	
424	the transference there and the	Trans+countretrans.	
425	counter-transference, so yeah		
426	Se: because yeah, she is very	Se- G rational	Se shares info?
427	rational		
428	Sr: (nods)		
429	Se: she is very rational, she		
430	rationalise everything		
432	Sr: she is but it's the emotions	Sr- emotions are	Sr offers
433	that is the bit that's missing really.	missing	advice/explanation
434	Se: yeah it's tapping into emotions	Se- tapping that	
435	Sr: yeah so yeah maybe doing a	Sr- build on that	
436	little bit of that of building on that,		
437	definitely reflecting on what	Reflect on it	
438	Se: yeah and letting her to just	Se- let to experience	Se shares more info
439	experience it		
440	Sr: yeah		
442	Se: and noticing it, it's ok	It's ok	
443	Sr: yeah		
444	Se: it's fine to feel upset it's fine to	To be upset	
445	feel like that		
446	Sr: (nods)		
447	Se: so yeah, that's with her really	That's with her	
448	... ehm... yeah nothing else to her		
449	Sr: good	Sr- good	Sr approves
450	[transcription stopped client dnc		
451	12.48-13.22]		
452	Se: ehm, B we sorted out on the	Se- B sorted	
453	last supervision		
454	Sr: yeah		Se shares info bc
455	Se: today it's about exploring if I	Exploring thought	it's expected??
456	feel good I need to punish myself	and diaries today	

457	and diaries for her		
458	Sr: yeah		
459	Se: and actually I was printing		
460	some thoughts diaries for her so	Do challenging	
461	we can do the challenging		
462	Sr: yeah		
463	Se: and it really kind of a clicked	Clicked today	
464	with me today, do you know when		
465	we talked about it quite a few, well	Picking the right	
466	probably months back, picking the	diary	
467	right diary		
468	Sr: yeah		
469	Se: for what I actually want to find	Based on what I	
470	out	need	Sharing info Se
471	Sr: hm		knows Sr will
472	Se: and that really clicked with me		appreciate approve
473	today, because I was looking on		of? Indirect way of
474	the get self-help website and they	Too many diaries on	praising supervisor?
475	have got 50 million thought diaries	website	Why? To be liked to
476	there		build relationship?
477	Sr: yeah (smiles)		
478	Se: now for self-critical thoughts,	All slightly different	
479	self- esteem and they are slightly		
480	different but it really, because	Too many	
481	there is so many of them now		
482	Sr: (nods)		
483	Se: it really pushes me to think	Pushed to think	
484	that actually what I actually want	What I want	
485	Sr: actually want (speaking at the	Sr- want	Attunement?
486	same time and nodding)		
487	Se: to find out , in the end I just	To find out	
488	printed out the usual thought		
489	record, rather than the self-critical	Picked generic	
490	voice because that has not had	As not had two	

493	the two separate columns	columns	
494	Sr: (nods)		
495	Se: for evidence against and for	for evidence	
496	Sr: (nods) hm		
497	Se: so yeah it really kind of a	Clicked, picking the	
498	clicked even more with me the	right one	
499	importance to pick the right		
500	Sr: do they say at uni about using	Sr-What uni says	Sr asks direct
501	getselfhelp as well? Do they use	about self-help?	question
502	that? What do they?		
503	Se: ehm....they don't really do	Se- no teaching	Se give info
504	any teaching or anything about it	really	
505	but a lot of people who do come		
506	say of that website is useful, they	Just note the website	
507	found lot of resources in there		
508	Sr: (nods)		
509	Se: but nobody really stressed the	No-one stressed the	
510	point of choosing right tool, they	choice	
511	just say oh this is where the	Just source	
512	resources are		
513	Sr: right		
514	Se: but nobody actually made a		
515	point of actually think about what	Think about it	
516	you choosing, why are you using		
517	it what are you trying to find out		
518	Sr: (nods)		
519	Se: which is a shame (laughs) so	Shame	
520	yeah I have got couple of thought	Diaries to do in	
521	diaries for her to do in the session	session	
522	together		
523	Sr: (nods)		
524	Se: and work on that thought,	Explore the thought	
525	explore the thought first and then		Se sharing info bc
526	work on it and see what happens,	Work on it	it's expected? like

529	what's the evidence for and		on treadmill
530	against		
531	Sr: (nods)		
532	Se: but yeah, that's her, hat's her	Her sorted	
533	session pretty much sorted		
534	Sr: yeah (nods)		
535	Se: I looked on the CAT training	Cat training day	
536	day		
537	Sr: hm		
539	Se: it's actually November but I	In November	
540	contacted _____ (uni manager)	Would be fine if paid	
541	and she said it's fine if it's paid for	now	
542	Sr: ah		
543	Se: but (laughs) the trouble is, it	But	
544	clicked with me well if it is		
545	November I need to check which	It's teaching day	
546	days are teaching days because		
547	we are not allowed to have any		
548	trainings outside, we have to	Have to attend	
549	attend all the teaching days	teaching days	
550			
551	Sr: oh		
552	Se: and _____ emailed back		
553	saying that it's not finalised but		
554	most likely the teaching day will	CAT and teaching	
555	be Thursday and the CAT is on	collides	Se still keeps
556	Thursday and Friday		sharing info
557	Sr: (nods) right		
558	Se: so I won't be able to go,	Can't go for either	
559	neither, because there is the	CAT training :	
560	consultancy in the CAT as well	consultancy or	
561	going on and there is the	introductory	
562	Introductory CAT going on as well		
563	but they are both Thursday and	Both Thursday	
564	Friday, which is annoying	Friday	

565	Sr: (nods)		
566	Se: unless there, well I probably	Might see closer to	
567	might find out closer to the time,	time, not all	
568	because it might be that on that	Thursday teaching	
569	Thursday there will not be	days	
570	teaching		
571	Sr: (nods)		
572	Se: but I will not know until we get		
573	a almost finalised		
574			
575	Sr: is it worth having that	Sr- asking?	Sr asks direct
576	conversation or I suppose have		question
577	you had that, of if you were to		
578	book this it might be missing one	About missing one ?	
579	Thursday		
580	Se: we are not allowed to	Se not allowed	Se provides answer
581	Sr: is it a ..		
582	Se: yeah we have been told	Told already	
583	Sr: a blanket	Blanket?	
584	Se: blanket yeah, we are not	Se- blanket	And share more info
585	allowed to, we can't, no there was		
586	actually one on the cohort one	On one occasion	
587	person, when they, it was		
588	supposed to be a study day and	Uni swapped day	
589	she booked it as a annual leave to	with study day	
590	go for her cousins wedding but in	Booked for wedding	
591	the end they had to because of		
592	the snow reschedule something	Almost made her to	
593	and put it in there, they almost	cancel	
594	made her to cancel going on a		
595	wedding, but she		
596	Sr: (frowning)		
597	Se: but she argued it saying I	She argued	
598	booked it before		
599	Sr: (nods)		
600			

601	Se: so they did allow her but she	Allowed her	
602	had to run back to the school, no	Had to run back	
603	it was actually exam, it was exam	Sorry it was exam	
604	sorry, yeah she had to come out		
605	of the wedding to do her	Came out of	
606	presentation to then go back to	wedding, did	
607	the wedding (laughs)	presentation went	
608	Sr: (smiles)	back	
609	Se: but yeah, it was exam, I	Not teaching	
610	thought it was teaching but it was	exam	
611	exam, so I can understand why	Understandable why	
612	she had to come, but then they	she had to come	
613	shouldn't have booked it in there	But she booked	
614	Sr: (shakes head) well	Sr- unsure	
615	Se: they need to talk to us a little	Se- communication	
616	bit		
617	Sr: it is a little bit, because they	Sr- done it with	Sr- ??? align herself
618	have done it with your days, you	teaching days	with Se???
619	know who, your teaching days,		
620	which is		
621	Se: yeah		
622	Sr: clashing with your placement	clashing with	
623	days and stuff	placement	
624	Se: yeah and it's annoying and it's	Se- same with resit	Se shares info
625	the same with the resit of the role		
626	play, well, all, the whole		
627	Sr: (yeah)		
628	Se: day is happening pretty much	Happening bc of Se	
629	because of me and_____ (co-	And co-trainee	
630	trainee) I know that other people		
631	have been invited but it's pretty	Others invited	
632	much happening because of me	but	
633	and _____		
634	Sr: (yeah)		

637	Se: nobody asked me if by any	None checked Se is	
638	chance on 8 th of July I might be	free on that day	
639	having annual leave, I might be on		
640	a conference somewhere, or		
641	anything they just booked it and		
642	let me know that yeah your		
643	presence is required for the whole		
644	day		
645	Sr: hm (nods)		
646	Se: (laughs) which is like argh,		
647	talk to us please	Talk to us!	
648	Sr: (nods)		
649	Se: it's annoying, so I might not	Unable to go for Cat	
650	be able to go for CAT		
651	Sr: alright, well it doesn't mean I	Sr- ok	Sr offers advice,
652	suppose, well I suppose it does		explanation
653	affect your budget doesn't it to	Affecting the budget	
654	spend so maybe that's something		
655	to consider in future isn't it if it	Consider in future	
656	comes up, but		
657	Se: well I can definitely, well yeah	Se- can try until third	Se shares info
658	.. Is till have got until third year I	year	
659	still can go for it if it falls not on	If not on study day	
660	study day... oh sorry teaching day		
661	Sr: alright so you don't have to	Sr- no need to use	Sr asks direct
662	use that money or do you get	the money?	question
663	money each year	Each year?	
664	Se: well I do have to use the	Se- get some each	
665	money, I get some each year, so	year	Se shares info
666	every year (laughs)		
667	Sr: (rolls eyes and smiles)	Sr teases?	
668	Se: I shouldn't really be rubbing it	Se- shouldn't rub it	Humour??
669	in should I (laughs) every year we		
670	get 250 for the clinical relevant	Get £250 a year	

673	Sr: alright, so there is a lot of it	Sr- enough for year	
674	throughout a year		
675	Se: yeah		
676	Sr: and I suppose it's a keeping	Keep eye on what's	Sr offers advice
677	eye out if you felt that would be	out there	
678	something for your second year	In second	
679	Se: yeah		
680	Sr: still or in your third, you might	Or third year	
681	be able to get that fitted in, but		
682	yeah so it's still on search than for	On search	
683	something		
684	Se: yeah		
685	Sr: you can do		
686	Se: well I was thinking about that	Se- considered	Se shares info
687	outcome measure but then when I	outcome measures	
688	looked at it again it is probably		
689	more research rather than clinical	More of a research	
690	practice	thing	
691	Sr: yeah		
692	Se: because although it is about	Although about	
693	measuring the clinical outcomes	evaluating practice	
694	and how to make therapy more		
695	effective but it's a lot of the	But lot of research	
696	research as well I don't know if		
697	you want to have a look or? I just	Se has timetable for	
698	have the timetable I haven't	Sr to view?	
699	actually printed out the flyer, if		
700	they had a flyer	No flyer	
701	Sr: don't know		
702	Se: but otherwise I'm stuck for	Otherwise stuck	
703	what to do so far		
704	Sr: yeah I'm trying to think if there	Sr-thinking	
705	is		
706	Se: we don't have to spend it but	Se- don't have to but	

709	the money is just going to fall	money will fall	
710	through	through	
711	Sr: it seems a shame doesn't it	Sr- would be shame	
712	thought,		
713	Se: (nods)		
714	Sr: to, not to use it for something,		Sr- logistics?
715	ehm....is there anything in	Mindfulness?	Willingness to help?
716	mindfulness going on anywhere?		Engagement with
717	Or?		supervision, work?
718			
719	Se: haven't checked mindfulness	Se- haven't checked	
720	I was checking compassionate	Did compassionate	
721	focused therapy I was checking	focused	
722	compassionate mind		
723	Sr: yeah so nothing on those?	Anything there?	Sr asks direct
724	Se: nothing in the time I can go,	Se- nothing	question
725	honestly, it's dead for the summer	Dead for summer	Se answers and
726	pretty much, there is couple of like		provides more info
727	generic divisional conferences, no	Conferences	
728	(laughs) don't want to go to that.	Not interested	
729	But no, I haven't checked	Mindfulness not	
730	mindfulness, that's good point, I	checked, will do	
731	will check that. Because I went on		
732	the BPS website I went BACPP	Checked various	
733	and I went on BACP	sources	
734			
735	Sr: right		
736	Se: and there was nothing on the	Nothing apart from	
737	event I could go to apart from this	CAT	
738	or the CAT but I will check the	Mindfulness to check	
739	mindfulness		
740			
741	Sr: yeah it's worth having a look, I		Sr offers advices....
742	can't think of anything else, I'm	Sr doing EMDR	And help
743	going to an EMDR thing, but that's	Unsure if suitable	
744	in October don't know whether it		
	would be suitable for you or not ,	Will check	

745	the EMDR or whether it would		
746	be.... I will have a look. I will email	Will email	
747	you the details just for that one,		
748	see whether it's a		
749	Se: or they might be something	Se- or something	Se shares info
750	else I haven't actually looked on	else, not get head	
751	EMDR, I did not get my head	around it	
752	around on what else can I look		
753	Sr: yeah		
754	Se: I wish there was a website	Specific website	
755	that said any kind of psychology		
756	Sr: (laughs)		
757	Se: related workshop	For workshops	
758	Sr: yeah you have to have a little	Sr- have to rummage	Sr offers
759	bit of a rummage around really.		opinion/explanation
760	Se: (laughs)		??
761	Sr: to find some, you know a lot of		
762	them are on main websites but		
763	than there are stuff on others.		
764	Se: (inaudible)		
765	Sr: there is a CAT conference in	CAT conference in	
766	Poland in September (smile)	Poland	
767	yeah there is that happening		
768	Se: (laughs) if then go somewhere	Se some more	
769	exciting like Malaysia, or Italy	exciting places	Humour?
770	France		
771	Sr: (laughs) it's more expensive,	Sr- Poland not good	
772	Poland not doing that for you	enough?	
773	Se: no (shakes head) have been	Se- been to Krakow	
774	to Krakow		
775	Sr: far too many times is it?	Sr- too often	Small talk???
776	Se: just once, but I have seen	Se- once	
777	Krakow		
778	Sr: once than, I was going to go to	For people without	Sr offers
779			
780			

781	that one but, that's where it is, but,	EMDR experience	eplxanation/help?
782	that was suitable for people who		
783	actually don't have EMDR, ah,		
784	experience.		
785	Se: Anything in Denmark,	Se- other places??	Humour?
786	Sweden, Russia, haven't seen		
787	those places yet		
788			
789	Sr: no, I was thinking there was	Sr- something	Sr offers advice ad
790	something on, trauma based,	trauma based	help
791	trauma UK, check them out		
792	yeah I can't think, I will, I will keep	Check it out	
793	an eye on it, if there is anything I	Will keep and eye	
794	see as well but		
795	Se: OK		
796	Sr: I don't think there is, I haven't	Not heard of	
797	heard anything else particularly.	anything else	Willingness to help?
798			
799	Se: no, well I will find out and see	Se- will find out	Engagement with
800	Sr: hopefully there will be	Hopefully find	supervision, work?
801	something	something	
802	Se: hopefully yeah , ehm....		
803	Sr: the thing is to check out some	Sr- look at London	Sr offers advice
804	of the, sort of look at London,	Universities	
805	check out any of the universities		
806	like the Maudsley, check that out,		
807	see if they have got anything	Seminars and	
808	there, they have workshop from	workshops	
809	time to time. I suppose even if it		
810	was just a short seminar at least		
811	it's something isn't it, if there is		
812	anything		
813			
814	Se: yeah I doesn't have to be for	Se- not need to be	
815	two days	long	
816	Sr: something....ehm.... because	Do things soemtimes	
	they do do things from time to		

817	time, I'm thinking if there is		
818	anything else along those lines	Sr- can't think	
819	...ehm....no I can't think of	anything else	
820	anything else. Charlie Waller	Waller	
821	institute? But that would one on		
822	the BACP site	BACP	
823	Se: yeah I think I'm very picky	Se- being picky	Se shares info
824	because if I'm going to go		
825	somewhere I don't want to just go	Not random	
826	to some random conference of	conference	
827	presented research, I don't know I		
828	want to do something that is	Wants something	
829	hands on like the introductory day	hands on	
830	Sr: (nods)		
831	Se: maybe I can just pretty much	Maybe should spend	
832	spend it on anything	it on anything	
833	Sr: I suppose getting a balance	Sr- balance	Sr give advice
834	isn't it, if there is something ideal	Great if interesting	
835	that you want to do than		
836	Se: yeah		
837	Sr: than go and do that but	but shame not to use	
838	equally it is a shame not to use		
839	Se: not use it at all (speaking at	Se- not to use it	Attunement?
840	the same time)		
841	Sr: the money when it's there,	Sr- if money is there	
842	isn't it		
843	Se: (nods)		
844	Sr: so if there is something,	If something there	Sr asks
845	because you can, I, you know,		question????
846	yeah some things you get more	Just for interest	
847	out of than others but...ehm..		
848	maybe just for interest sometimes	Thing to come	
849	as there are things you can come	across	
850	across		

853	Se: but yeah this is definitely more	Se- have more ideas	Se shares info
854	ideas, mindfulness, EMDR,	now	
855	trauma and Maudsley hospital,	Places she didn't	
856	those are the places I haven't	check	
857	checked, couldn't think about		
858	them, so that should be good		
859	Sr: yeah see what's on	Sr- see what's on	Se asks for help,
860	Se: yeah might find something ...	Se- will do, one thing	shares info to gain
861	ehm.. I think the one thing I have	left	help
862	got left is whether we can arrange	Tape reviewing	
863	for you reviewing one of my		
864	therapy recordings		
865			
866	Sr: we need to do that yeah	Sr- need to do that	
867	Se: it needs to come on my core	Se-Need for core	
868	competencies	comps	
869	Sr: yap..ehm.. the reason I	Sr- didn't do bc it	Sr offers
870	haven't is because of it won't play	doesn't play	explanation
871	it on my computer		
872			
873	Se: yeah I know	Se knows	
874	Sr: I was going to try it at home	Sr- at home didn't	Sr- tries to help
875	...ehm...but to be honest I just	have chance	
876	didn't have the chance, it's in my		
877	bag		
878	Se: yeah and it's also about not	Se- not home, it's	Se shares info
879	doing it at home, it's work related	work related	
880	Sr: well yeah it's work related but I	Sr- don't mind	
881	don't mind you know something		
882	like that if it means I could watch		
883	it, so I will give that a try and then	Will try	
884	if not I have got a stick now, so I	Play of stick?	Collaboration????
885	don't know whether it would, if the		Sr- Willingness to
886	recording would play of that. I'm	Unsure of the	help??
887	not sure what it is	problem	
888	Se: hm		

889	Sr: I don't know		
890	Se: I think it's the windows media	Se- it's the player	Se shares info
891	player in here because I wanted		
892	to watch it needs some kind of a	Needs update	
893	update and we can't update it, IT		
894	has to update it, we don't have the	Can't install things	
895	right to be installing anything on		
896	the computer		
897			
898	Sr: right		
899	Se: so it's possibly the case of	Se- get IT to sort it	
900	calling IT and making sure they	out	
901	will come and sort it out		
902	Sr: yeah		
903	Se: o just making it audio	Or just audio as that	
904	recording because audio	would play	
905	recording should play		
906	Sr: well that would be, that would	Sr- would be option	Sr- offers
907	be another option, wouldn't it, the		observation,
908	audio, because yeah we have	Did listen to some	opinion?
909	listened to some of the audio	before	Collaboration?
910	didn't we,		Asks question
911			
912	Se: yeah we did one for K	Se- did K	Se answers
913	Sr: Yeah		
914	Se: and I keep recording as many	Keeps recording	And shares more
915	sessions as they let me so		info
916	Sr: yeah		
917	Se: so I have got quite a nice	So have collection	
918	collection of sessions		
919	Sr: good		
920			
921	Se: and I do tend to listen through	Listens through	
922	them when I get a chance and	when has a chance	
923	brain power		
924	Sr: do they play on your laptop	Sr- play on laptop?	Sr asks question
	Se: they play on the computer,	They play on PC	

925	normal computer here because		
926	it's just audio, it's not video		
927	Sr: yeah so		
928	Se: slightly different		
929	Sr: yeah we need to prioritise that	Sr- need to prioritise	Engagement,
930	or I need to prioritise that	that	willingness to
931	Se: because I completely forgot	Se-forgot	help???
932	about it for some time		
933			
934	Sr: (nods)		
935	Se: and then I was trying to get	Remembered when	Se shares more info
936	back to my core competencies	doing core comps	
937	and then I realised oh actually I		
938	completely forgot about this		
939	Sr: (nods) yeah (laughs)		
940	Se: it's so easy to just forget	Easy to forget	
941	Sr: oh it's the technology is	Sr- technology great	Sr offers
942	brilliant isn't it but it's not really	but not brilliant	observation, opinion
943	ideal		
944			
945	Se: not client friendly	Se- not friendly	
946	Sr: no, and all the confidentiality	Sr-Confidentiality	
947	element	element	
948	Se: yeah		
949	Sr: and everything else listening		
950	to stuff ...ehm.. I'm wondering if it	Might play in	
951	will play in ____ (other placement	different location	
952	location)		
953	Se: we can try		
954	Sr: because they have got	Sr-Other media stuff	Sr willingness to
955	something, some other media	there	help, engagement
956	stuff in there I'm sure ... we will try		
957	and get to the, get to the bottom	Will find out	
958	of it		
959	Se: hm		
960	Sr: ehm.... I will ask ____		

961	otherwise sort something out.	Will sort it out	
962	What's ____ (co-trainee) has	What others do?	Sr asks question
963	been doing?		
964	Se: I have no idea, I think she was	Se- doesn't know	Se answers
965	just (breath out) I think at one	Possibly memory	
966	point she was just putting it on	stick	
967	memory stick as well		
968	Sr: uhm		
970	Se: but I might be confusing her	Se- might be	
971	with somebody else so I might	mistaken, will check	
972	check that with _____ (co-		
973	trainee)		
974	Sr: yeah just check wit her it might	Sr- check	Sr- set tasks
975	be that ____ has got the software		
976	..but ehm..yeah I will I will give it a	Will try at home	Sr offers to help,
977	go at home and see if it works,		enagement
978	because in that way that will solve	That would solve it	
979	the problem at least in immediate		
980	Se: yeah because I do feel like we	Se –did K	Se gives info
981	have done the K, one of K's	Role play	
982	session, then we did review the		
983	role play		
984	Sr: (nods)		
986	Se: plus we are going to do the	Dvd role play to do	Se shares info to
987	dvd role play the week after as	as well	justify
988	well		shortfalling???? But
989	Sr: yeah		whose shortfall
990	Se: which is still clinical skills	Clinical	????
991	Sr: oh yeah but I do want to see	Sr- wants to see	Sr promises help??
992	some of those though, it's been a	them anyway	Or set tasks???
993	while		
994	Se: yeah		
995	Sr: now you do, you have done	Done few sessions	
996	quite a few sessions and things	so	

997	with people so I think it will be		
998	good to		
999	Se: (nods)		
1000	Sr: good to have a little check and	Good to check	
1001	see		
1002	Se: I'm doing audio recordings not	Se- generally audio	Se shares info
1003	video recordings with clients	Video with G	
1004	generally , so we have done the		
1005	one with G which was video		
1006	recording		
1007	Sr: (nods)		
1008	Se: but it's just audios I do	Se- doing audios	
1009	Sr: yeah so yeah with the audio	only	Sr sets task?
1010	then it's looking now I have got	Sr- with audio	
1011	the encrypted stick	Got stick	
1012	Se: it's just getting it on it	Se- Putting it on stick	
1013	Sr: yah we will look at putting	Sr- putting on will be	Sr promises help?
1014	things on it and that will probably	good	
1015	be a good		
1016	Se: (nods)		
1017	Sr: we will do it when I come back	After holiday	Lowering task??
1018	Se: Yeah because that gives me a	Se- gives time to	Se shares info
1019	week to listen through it and pick	chose sections	
1020	one which went well and one	Good and	
1021	which might have been worse	bad	
1022	Sr: (smiles)		
1023	Se: or parts of one which were	Better and worse	
1024	better and worse		
1025	Sr: or just any of them	Sr- any	
1026	Se: yeah or just any of them, but I	Se- yeah but core	Se shares info to
1027	think on the core competencies,	comps requires that	get the help whe
1028	on the stupid core competencies it		needs?
1029	actually says specifically	Comparing good and	
1030	comparing good and bad parts so	bad	

1033	(laughs)		
1034	Sr: yeah if that what it requires	Sr- will do that then	Sr promises help?
1035	then yeah what we will do yeah		
1036	we will look at that, we will		And offers
1037	probably get chance anyway with	More time when she	explanation
1038	that week when I'm back, we have	comes back	
1039	got a bit more time and I can		
1040	actually dig my stick out from my	Get a stick out	
1041	back wherever it is I will have to		
1042	try and remember what the		
1043	passcode it has	Find passcode	
1044	Se: (laughs)		
1045	Sr because I haven't actually used	Haven't used it yet	
1046	it yet got one but haven't used it		
1047	yet so yeah we will get some of	Get audio recording	
1048	the audio recordings on that		
1049	Se: good		
1050	Sr: and than we can have a listen	And listen through	
1051	through that		
1052	Se: yeah	Agreed	
1053	Sr: that sounds like a good plan	Sr-good plan	
1054	Se: good, right, ehm...		
1055	[not transcribed client dnc 29.40-		
1056	31.35]		
1057	Se: (yawns) excuse me	Se yawns	Small talk?
1058	Sr: oh don't (yawns) I have been	Sr yawns	Explanation?
1059	doing that all day ..ehm..yeah		
1060	Se: and I think that's all I had , all I	Se- all she wanted to	Se coming in with
1061	could remember	discuss	agenda, sharing info
1062	Sr: yeah I can't say I have got any	Sr- all as well	because is
1063	other issues, I have emailed ____	Emailed brief to	expected
1064	(another professional) the actress	colleague	Sr showing
1065	what's it		willingness to help,
1066	Se: brief		engagement in

1069	Sr: so I have not heard anything	Not heard back	supervision
1070	back but I think she wasn't around		Sr- se task setting
1071	at the beginning of the week so	Not around lately	
1072	yeah we will be all set up to go for	Set up for that	
1073	that really, so we will have, I don't		
1074	think she will be joining until about	Will join about 9.30	
1075	9.30 anyway, so quarter past		
1076	nine, 9.30 so it will be an	Do role play	
1077	opportunity to do quick role play		
1078	really. I have got client at 10.	Client at 10	
1079	Ehm...yeah,...but		
1080	Se: (nods)		
1081	Sr: that will allow time to at least	At least do it	
1082	do it		
1083	Se: yeah just to have that	Se- experience	Se shares info
1084	experience		
1085	Sr: yeah		
1086	Se: and hope for the best than	Hope for best	
1087	Sr: the thing is it's not going to be	Sr- not long	Lowering task??
1088	that long anyway, is it		Reassurance ??
1089	Se: no	?	
1090	Sr: how long is it		Sr asks question
1091	Se: 10 minutes, I have got 10	Se- 10 minutes	Se answers
1092	minutes and they will stop me mid		
1093	sentence or whatever, they will	Stop regardless	
1094	stop me after 10 minutes		
1095	Sr: yeah 10 minutes (nods)		
1096	Se: so it's actually not that long, it	Feels never-ending	
1097	feels never ending when you are	though	
1098	sitting there (laughs)		
1099	Sr: (smiles)		
1100	Se: but		
1101	Sr: yeah it's always the longest 10	Sr- Always longest	Sr reflects and
1102	minutes but now that you are	But used to it	offers reassurance

1105	used to doing		
1106	Se: yeah		
1107	Sr: work, when you think 10	Not long really	Sr- offers advice
1108	minutes is not that long, It's about,		explanation
1109	more than anything it's going to		
1110	be about your mindset	Mindset is important	
1111	Se: (nods) yeah and that's why	Se- not making halo	Se shares more info
1112	I'm trying not of make a big halo		
1113	from it and just take it as, yeah it's	Like client	
1114	just another client, just getting	Get there do it be	
1115	there, sort of talk to her and just	herself	
1116	be back myself		
1117	Sr: (nods)		
1118	Se: rather than trying to be what I	Not what she think	
1119	think they want me to be	they might want	
1120	Sr: (yeah)		
1121	Se: but obviously they don't want		
1122	me to be that because they	But they won't want	
1123	wouldn't have failed me if that's	Or they wouldn't fail	
1124	what they wanted me to be	Se	
1125	(laughs)		
1126	Sr: (smiles and nods)		
1127	Se: so it's just going to be back to	Back to me	
1128	what I am and just being		
1129	comfortable in the situation rather	Be comfortable	
1130	than trying to be something that		
1131	I'm not. Apparently somebody got	Extra point for being	
1132	extra point for being themselves	oneself	
1133	Sr: (frowning)		
1134	Se: and I thought well you never	Which was not	
1135	conveyed the message for just	conveyed	
1136	being myself		
1137	Sr: (nods)		
1138	Se: you conveyed the message	Conveyed message	

1141	you really need to improve and	to change	
1142	change, different, theory		
1143	Sr: I suppose it's a hard line	Sr- hard line	Sr paraphrases?
1144	between, well it's sort of that line		Offers explanation?
1145	between being...	between	Advice
1146	Se: natural but still learning	Se- Natural and	
1147	Sr: being natural but..(nods)	improving	Attunement??
1148	Se: improving		
1149	Sr: yeah, so I think looking at it	Sr- looking back-got	Sr offers
1150	..well you know looking back on it	on defence	explanation
1151	than you can see you got on a		
1152	defensive		
1153	Se: yeah (laughs and nods)	Se agrees	
1154	Sr: with it..ehm		
1155	Se: definitely (laughs)		
1156	Sr: so yeah hopefully I can't see	Sr- not making that	Advice?
1157	you making that same mistake	again	
1158	again		
1159	Se: yeah I don't really		
1160	Sr: ehm...and it's more about	Listening more than	Sr paraphrases?
1161	listening to what's actually being	responding	Offers explanation?
1162	said rather than responding to it,		Advice
1163	isn't it which is part of you being	Being calmer	
1164	calmer and relaxed		
1165	Se: yeah and not being stressed	Se- not stressed	
1166	Sr: and actually being able to	Sr- able to listen	
1167	listen, where actually what was		
1168	sort of happening was you were	Was caught	
1169	so caught up in your own stuff	In own stuff	
1170	Se: (nods and smiles)		
1171	Sr: you missed the bit what the	Missed bits	
1172	client was saying and therefore		
1173	she just got a little bit funny with	She got funny	
1174	you as well	Se- funny with	

1177	Se: well she was funny with	everyone but more	
1178	everybody but yeah she was more	with her	Se shares more info
1179	funny with me because I wasn't		
1180	really listening to her		
1181	Sr: yeah, so I think looking at it	Sr- Se knows where	
1182	from where you can see where	things went wrong	Sr- offers advice
1183	the things went wrong		
1184	Se: yeah I can definitely see that	Se- knows she wont	Se shares more info
1185	and that's why I'm not too scared	be doing the same	
1186	or worked up about it because I	mistake	
1187	know I will not be doing the same		
1188	thing, lets just hope nothing new		
1189	pops in but ... but even if it does		
1190	Sr: the thing is you are allowed,	Sr- room for	Sr- gives
1191	surely there is room for making	mistakes	reassurance?
1192	mistakes , we don't always say		Explanation
1193	the perfect things with clients	Not perfect	
1194	Se: hm		
1195	Sr: it happens, it doesn't, clients	Clients can take	
1196	take offence when sometimes	offence	
1197	things have been said		
1198	Se: it's just than about managing	Se- managing it	Se agrees?
1199	it	Sr- yeah	
1200	Sr: it's about how you do it and		Sr offers advice
1201	yeah being able to and that's	Tentative	
1202	when being tentative and when	Reflect	
1203	you are reflecting back, that's one		
1204	of the reasons of doing that, that	To help deal with	
1205	you are tentative about something	that	
1206	or worried, well I'm not sure if I		
1207	have got this right but I'm		
1208	wondering if it feels like this		
1209	Se: hm (nods)		
1210	Sr: tell me if it's not		
1211			
1212			

1213	Se: yeah just testing the	Se- testing	Se agrees with Sr
1214	hypothesis with the client in a	hypothesis	
1215	sense		
1216	Sr: yeah it's showing that yeah		Sr offers
1217	you are always going to say, it	Not always the same	explanation
1218	might be what you may think but	wave as client	
1219	the client might not be on the		
1220	same wave there		
1221	Se: yeah		
1223	Sr: particularly early on with	Mainly early on	
1224	clients		
1225	Se: yeah (laughs)		
1226	Sr: particularly personality		
1227	Se: yeah and it also gives the	Se- clients have	Se offers more info
1228	client the space to disagree	space to disagree	
1229	because I guess if one comes		
1230	with I know everything , unless the	Know it all attitude	
1231	client is really..just... yeah		
1232	personality disorder, the client is	Makes clients to	
1233	just going to comply and pretend	comply	
1234	yeah yeah yeah that's what's		
1235	happening just to, well that's	What Se would have	
1236	probably what I would do that's	done in stressful	
1237	what I sometimes do if it is a	situation	
1238	stressful situation and I know that	With limited control	
1239	I don't have any, well limited	With bossy person	
1240	control and the person is very		
1241	bossy and comandory		
1242	Sr: (nods)		
1243	Se: I just play along just to get	Play along	
1244	away from the situation		
1245	Sr: yeah		
1246	Se: and that's what clients will do	Clients would do as	
1247	if I wont be sensitive	well	

1249	Sr: yeah, because they are not	Sr- won't feel they	Sr offers
1250	necessarily going to feel that they	can challenge Se	explanation, advice
1251	can challenge you, some will but	Some might, few	
1252	very few will feel that they can		
1253	challenge you, they do see you as	Seen as experts,	
1254	the expert even if we spend all the	even if we say	
1255	time going we are not the experts	otehrwise	
1256	(in a mocking voice)		
1257	Se: (laughs)		
1258			
1259	Sr: we know something because	We know, we are	
1260	we are paid and they are coming	paid for it	
1261	to see us but we are not an		
1262	expert (mocking voice)		
1263	Se: (laughs) yeah		
1264	Sr: it's a very odd, odd situation,	We know more, we	
1265	the point is we do know more than	study	
1266	them, that's' why we study that's		
1267	why we		
1268	Se: yeah, it's about		
1269			
1270	Sr: we don't know everything	Not know everything	
1271	about it, but we have more	but we know things	
1272	knowledge		
1273	Se: but actually (laughing) yeah, I	Se- yeah trained but	Se agrees shares
1274	have been trained to do the job,	individual	info
1275	but I can understand that it's		
1276	individual		
1277	Sr: yeah ...so yeah I think that's		
1278	going to be		
1279	Se: (still laughing)		
1280			
1281	Sr: it's putting that in practice, the	Sr- put in practice	Sr gives advice
1282	thing is you have had more	Had experience	
1283	experience now		
1284	Se: yeah and I'm more relaxed	Se- relaxed	Se shares info
	and I guess because I haven't had		

1285	any client contact then I was still	Was new to course	
1286	very I was, I don't know, because	then, no clients	
1287	it's new to the course, trying to		
1288	Sr: yeah because you haven't	Sr- no clients	Sr agrees
1289	actually seen any clients		
1290	Se: I haven't seen any client	Se- prior the exams	Se provides more
1291	before we had either of the exams		info
1292	because we did one before xmas	Around xmas	
1293	and one after xmas		
1294	Sr: that was it yeah		
1295	Se: so I haven't actually seen	Se- early end at	
1296	anybody since, because they	previous job	
1297	wanted me to wean of the clients		
1298	as soon as possible in my		
1299	assistant post, so I haven't really	No clients for half a	
1300	seen a client for nearly a half a	year	
1301	year, when it came to the role play		
1302	Sr: so you have had a lot of	Sr- teaching on what	Sr paraphrases,
1303	teaching of what you should be	should be done	summarises,
1304	doing which we know is based on	Strip down	reflects
1305	a bit of a strip down approach		Offer explanation?
1306	Se: yeah		
1307	Sr: to build you back up but then	To build but lacked	
1308	you hadn't had any experience	experience	
1309	really		
1310	Se: (shakes head)		
1311	Sr: so all you had to do was focus	Focus on what Se	
1312	on what they told you and you	was told	
1313	expectation of what they might	And their	
1314	want	expectations	
1315	Se: yeah exactly, yeah that's what	Se- exactly	Se shares feeling
1316	it was like		understood?
1317	Sr: which might have been	Sr- which was	Sr keeps offering
1318	somewhat different to what you	different to prior	explanation?

1321	have done before	experience	
1322	Se: yeah		
1323	Sr: when actually OK yes there		
1324	are differences but actual	But counselling skills	
1325	counselling skills, communication	are the same	
1326	skills are the same		
1327	Se: yeah		
1328	Sr: so yes, you are in a	Sr- different position	Sr offers
1329	completely different position		reassurance
1330			
1331	Se: yeah , definitely	Se agrees	
1332	Sr: you are used to now sitting ,	Used to it	
1333	so actually I think seeing _____	Seeing ____	
1334	tomorrow, all being well		
1335	Se: (laughs)		
1336	Sr: ehm, ...and I think it will be...	Thinks	
1337	Se: yeah it will be good practice,	Se- good practice	Se shares info
1338	although there is the fact that	Even nobody	
1339	there is nobody watching me but	watching	
1340	still it's doing the new assessment		
1341			
1342	Sr: no one watching but, yeah it's	Sr- agrees	Sr reflects?
1343	still going to be a new assessment		
1344	Se: yeah new person, but I just	Se- relaxed	Se shares more info
1345	feel relaxed I don't feel scared I	Not scared or	
1346	don't feel stressed or anything it's	stressed	
1347	just, I don't know, I'm back to my		
1348	normal self and I'm not scared of	Back to usual self	
1349	clients		
1350	Sr: yeah		
1351			
1352	Se: as they got me completely	Was scared of	
1353	scared of clients from the role	clients due to role	
1354	plays	plays	
1355	Sr: yeah (nods)		
1356	Se: so it's just yeah I'm in a	Different mindset	
	completely different mindset and I	now	

1357	think that also I normalised the		
1358	fact that, even if the highly unlikely		
1359	scenario comes to the fact and	Even failing is not	
1360	that I do fail, it's actually not the	end of the world	
1361	end of the world		
1362	Sr: well, now		
1363	Se: and I do consider it highly	Unlikely	
1364	unlikely because I think I'm going	Will get through	
1365	to get through it but even if it does	But even if	
1366	it's actually it's fine		
1367			
1368	Sr: yeah,. It's the reality is yeah	Sr- spanner	Sr shares Se point
1369	it's a big spanner in works		of view?
1370	perhaps in what you planned but	There are options	Summarises???
1371	there would be other options		Understands??
1372	Se: yeah...exactly	Se agrees	
1373	Sr: and other things that you could	Sr other things to do	
1374	do , ok it's not ideal because you	Getting on course	
1375	know, you managed to get as far	achievement	
1376	as you have, it's achievement to		
1377	get on the course		
1378			
1379	Se: well that's what I keep	Se- agrees achieved	Se shares more info
1380	thinking, that actually I have	more than she	
1381	already achieved more than I	thought she would	
1382	thought I ever will so I'm actually		
1383	quite happy to just go now		
1384	(laughs)		
1385	Sr: (smiles) well if that helps you	Sr- if it helps thinking	?
1386	in a way of thinking just to be		
1387	relaxed		
1388			
1389	Se: yeah just to stay calm	Se- to stay calm	
1390	Sr: it does it is about, I remember	Sr- went for vivas	Sr shares personal
1391	going to my vivia and trying to	thinking not more	experience to show
1392	think as much as I could that	could be done	understanding? To
	actually there is nothing more that		relate to Se?

1393	I can do at this stage, I just have		
1394	to go in		
1395	Se: hm		
1396	Sr: do what I can and then see	See what happens	
1397	what happens		
1398	Se: yeah		
1399	Sr: and deal with whatever	And deal with it later	
1400	happens afterwards		
1401	Se: afterwards(speaking at the	Se- after	Attunement?
1402	same time) yeah		
1403	Sr: because it is the nerves that	Sr- nerves get in a	Sr gives advice,
1404	get into the way of things	way	offers explanation
1405	Se: yeah		
1406	Sr: and particularly practical stuff,		
1407	it's nerves, it's fine if you are sat	Mainly of practical	
1408	around writing your essay or if you	stuff	
1409	sat doing something away in your	Fine writing things in	
1410	own environment	own environment	
1411	Se: yeah		
1412	Sr: but if you have got to	Sr-but	
1413	Se: when you are actually there	Se when there	?
1414	Sr: (nods) it's everything else that	Sr- things get in way	Sr asks question?
1415	tends to get in a way, why do	like failing driving	
1416	people fail driving tests?	test	
1417	Se: because they are being	Se- being observed	Se answers
1418	observed and , this is		
1419	Sr: because they know how to	Sr- can drive	Sr offers
1420	drive		explanation?
1421	Se: yeah (laughs) but this is	Se- different to	Se shares info
1422	actually quite different to my	native country	
1423	country and education in my	education	
1424	country, it's the fact that actually		
1425	the ways that exams work in my		
1426	country		

1420	Sr: (nods)		
1421	Se: is you go to the teacher, he,	Area to memorise	
1422	you have got set of area you need		
1423	to learn and memorise, you go to		
1424	the teacher, you pull out a random	Draw random	
1425	question, you get 15 minutes	question	
1426	preparation time and then you	Prepare	
1427	have to answer the question and		
1428	you get marked	Answer	
1429			
1430	Sr: (nods)		
1431	Se: so it's a very almost anxiety		
1432	on spot performance which I was	Was fine with	
1433	fine with but then I came in here	performance	
1434	and did the writing the essay and I		
1435	really got out of the system of	Here mostly essay	
1436	being examined on the spot so in	Out of habit	
1437	a sense and plus having the	Plus camera	
1438	camera and everything else		
1439			
1440	Sr: (nods)		
1441	Se: that's why I don't have	No problem with	
1442	problem with presentation,	presentations	
1443	although presentation is different	Just talking no	
1444	because it's just me talking rather	interaction	
1445	that being an interaction		
1446	Sr: right so that feels much, yeah	Sr- easier	Sr- paraphrases??
1447	that feels much easier , it's that	Camera throws	Sumarises??
1448	thing (points at camera) that		
1449	throws you or used		
1450	Se: yeah, it used to yeah	Se- used to	Se agrees
1451			
1452	Sr: rather than the actual yeah ,	Sr-not actually ??	Sr closes
1453	so you know those are the other		supervision due to
1454	things (looking at watch) I'm just	time running out	time
1455	thinking of time because you have		
	thingy at 3 don't you		

1456	Se: at four yeah	Se-at 4	
1457	Sr: four	Sr-4	
1458	Se: but yeah		
1459	Sr: so if there is nothing else	Sr anything else?	Sr asks question?
1460	Se: no	Se-no	Se answers
1461	Sr: just give yourself a bit time to	Sr - Time to prepare	Sr advice?
1462	Se: I have got things sorted for	Se- got sorted	
1463	her		
1464	Sr: but yeah, so we will see how,	Sr- see tomorrow	Sr summarises
1465	we will see how tomorrow goes	how it goes	(plans for
1466	and than		tomorrow?)
1467	Se: yeah and how the role plays	Se- the role play	
1468	with ____ go		
1469	Sr: yeah		
1470	Se: that will be also interesting	Will be interesting	
1471	Sr: but at least there is a bit, you	Sr- bit you you know	Sr reassurance?
1472	know		
1473	(camera is switched off)		
1474			
1475			

Appendix S: Data analyses mind map 20110304

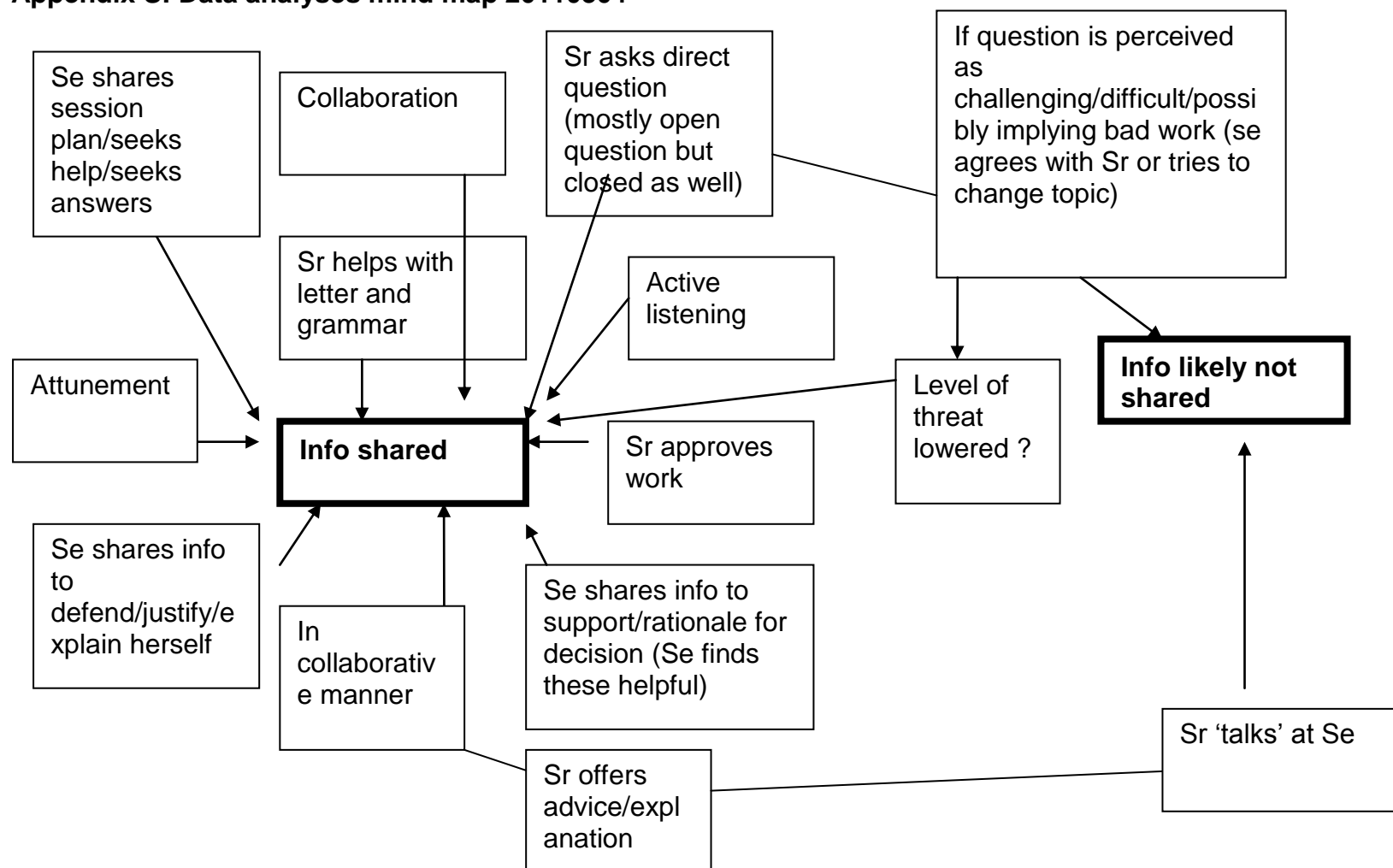


Figure 7. Mind map

Appendix T: Data analyses- gathering evidence

Supervision session 20110706

Table 13: Gathering evidence

Focused coding	Transcript line	Supporting Quotes
Se seeks support/advice	14-25	Se...and I have highlighted some of the parts.... Which I was kind of not sure. Listened to it, still don't know why I suggested we end up early. [this tape was listened to on Se requests as she found something in that client session confusing]. Because she was actually saying, I know the pain the pain is always there and I can't let it to stop me, to which I said, shall we stop early (mocking voice and laughs) Sr: (smiles)
	39-49	Se: so, and because it was quarter past I thought about it and ask her whether she likes to stop or not Sr: (nods) yeah Se: In case she wants to catch the bus, it's not like she was saying something I want to stop or something it was more I think, I hope (stressed)... it was the non-verbal language I was reacting to Sr: (smiles)

Small talk

57-68

Se: I can't believe it's Wednesday though (still waiting for the laptop)

Sr: yeah, has it gone quickly?

Se: yeah, it was like I had the session with G yesterday [was last week Wednesday]

Sr: (smiles)

Se: slightly confused by the fact that I was in _____ [another placement location usually visited on Friday] yesterday as well

Sr: yeah, that's always a bit confusing when you swap days

1162-1173

Se: yeah (yawns) hopefully

Sr: (yawns as well) oh don't

Se; oh, sorry, I'm starting you (laughs)

Sr: I can't stop, I did not got back... sleep

Se: oh, yeah you went... was it worth it

Sr: yeah, it was nice

Se: oh, I will be going next year or year after that (laughs)

Sr: (smiles)

Se: I've got to do Scotland first

Sr: hm, you have got Scotland?!

Se: I know, I can't wait now

Sr suggests/gives solution/advice	97-104	<p>Sr: where about are you going?</p> <p>Se: pretty much all around...</p> <p>Se: I just felt like I didn't pick up on that enough</p> <p>Sr: it's difficult sometimes because it's the flow of how things go, isn't it</p> <p>Se: yeah</p> <p>Sr: so there are times... it's sometimes about just storing</p> <p>Se: hm</p>
	112-134	<p>Sr: so sometimes it is about just putting a little tag on it</p> <p>Se: yeah.. because it is still in my mind,</p> <p>Sr: hm</p> <p>Se: because , since the session</p> <p>Sr: hm (nods)</p> <p>Se: but when I listen to it yesterday I felt like, because she herself then almost, not challenge it but she turned on the positive saying</p> <p>Sr: yeah</p> <p>Se: actually, it's OK to be soft</p> <p>Sr: hm</p> <p>Se: I thought actually bringing her back</p> <p>Sr: yeah</p>

		Se: into the traumatised, might have had opposite effect in a sense, but I'm not quite sure whether I handled that well...
		Sr: it's a difficult one (Se laughs) because obviously she does talk a lot
		Se: yeah
		Sr: so, it's hard to get that balance isn't it
Sr acknowledges difficulty of task	124-135	Se: I thought actually bringing her back
		Sr: yeah
		Se: into the traumatised, might have had opposite effect in a sense, but I'm not quite sure whether I handled that well...
		Sr: it's a difficult one (Se laughs) because obviously she does talk a lot
		Se: yeah
		Sr: so, it's hard to get that balance isn't it
		Se: hm
	153-158	Se: but she carries on talking over me
		Sr: yeah
		Se: and I just give in I just let her talk (laughs)
		Sr: which is difficult, because otherwise you can get into a battle
		Se: yeah
Sr shows	159-169	Sr: I don't think she always picks up on it

understanding

Se: yeah

Sr: just talks

Se: yeah (laughs)

Sr: you would hope, wouldn't you, that when you do that, then someone else then stops

Se: yeah, but she doesn't always

Sr: yeah, so you end up two of you be talking over each other

Se: yeah

204-211

Sr: sometimes they say something, you can't, it sort of got lost in 6 sentences back

Se: yeah, yeah, and I very often get that with her, because I'm a very slow thinker, anybody who is quite talkative, anybody who is quite quick on giving me lots of information

Sr: (nods)

272-281

Sr: but I know, I can't remember, yeah, it's a difficult thing, because what you are doing you are listening to what they are saying but you also thinking

Se: at the same time

Sr: and making sense of it and listening to what they are not saying

		Se: yeah
		Sr: you doing lots of things on different levels
		Se: yeah (laughs)
Sr asks direct question	213-216	Sr: is it the language do you think, is that what affects it as well?
		Se: it probably, might, I don't
		Sr: to a degree
		Se: to some degree
	611-621	Sr: have you done mindfulness stuff with her?
		Se: yeah, we've tried....
		Sr: is she not..
		Se: I don't think she picked up on it completely, but there is one part where she talks about her using mindfulness to get ready in the morning, literally just describing to herself, I'm going to wash my hands, just pushing everything out of the brain, and I'm just going to wash my hands
	1162-1173	Se: I think that was the plan for today but I'm open to suggestions
		Sr: well I suppose the only other thing I wanted t really, is there anything else for your thing on Friday [roleplay PRS resit], you know is there anything that came out of yesterday, that you having obviously listened back to it

		Se: hm, I'm not sure... I need to be slightly more versatile with the language
		Sr: (nods)
Active listening	231-248	Se: so I guess if they speak very quickly, it sometimes can take me second or two just almost like reply the question in my brain
		Sr: right
		Se: and get it, but I think I'm generally very slow thinker
		Sr: (nods)
		Se: I don't, I'm not really quick on making presumptions or opinions or almost organise the facts in my brain quickly enough
		Sr: (nods)
		Se: it usually takes me some reflection before I can actually do that
		Sr: hm (nods)
		Se: I don't know when did I become so slow because I used to be really quick on thinking
		Sr: hm (surprised voice)
Sr self-discloses	272-281	Sr: but I know I can't remember, yeah, it's a difficult thing, because what you are doing you are listening to what they are saying but you also thinking
		Se: at the same time
		Sr: and making sense of it and listening to what they are not saying
		Se: yeah

Sr: you doing lots of things on different levels

Se: yeah (laughs)

1556-1580

Sr: you know, the foundation course I did, we spent, we build up over the year of doing 5 minutes sessions, 10 minutes sessions, 15 minutes session

Se: hm

Sr: and literally the first of was actually not saying anything

Se: (slight laugh)

Sr: and just sitting with the client for 5 minutes, while they did the talking, but doing role plays for that

Se: yeah (smiles)

Sr: it wasn't role play as such because it wasn't filmed but

Se: yeah

Sr: and building it up over, over the time

Se: see we haven't had, we had this pointless exam, which was, yeah

Sr: hm (nods)

Se: I don't think I haven't learnt anything from it I couldn't learn any other way

Sr: (nods)

Se: then we, and then we had loads of teaching but we didn't really talked about relationships with clients

Se shows info that demonstrate good work	301-309	<p>Se: I really liked how she said as long as it doesn't hurt me or anybody else in that order</p> <p>Sr: hm</p> <p>Se: that actually she comes first</p> <p>Sr: hm (nods)</p> <p>Se: which I thought was really good for her ... which is quite yeah (laughs) a spin on when she first came</p> <p>Sr: hm (nods)</p>
	587-597	<p>Se: there is one part which I thought was quite good, when she describes when somebody bumps into her.. in the town and how she dealt with the situation</p> <p>Sr: yeah</p> <p>Se: which I thought was quite a good example of her having her almost thought challenging and</p> <p>Sr: yeah (nods)</p> <p>Se: and looking after herself as well (looking for the right start point of audio recording on PC)</p>
	777-789	<p>Sr: on everything else and on her ability to think and it gets into way of stuff, so just that slowing down</p>

		Se: yeah and we talked about it and we are trying to work on that. In a sense, and that's why I even stressed the problems solving, do it on the paper
		Sr: yeah (nods)
		Se: it will take it out there
		Sr: yeah
		Se: I tried to stress it there as much as possible,
		Sr: oh yeah you did
Sr is puzzled together with Se (openness of not knowing answer, working together)	347-356	Se: but still she said herself the pain is going to be there
		Sr: yeah
		Se: I mustn't let me to stop, stop me
		Sr: hm (nods) yeah and it's interesting that virtually the next thing you say is, oh we can finish early (smiles)
		Se: yeah (laughs) which I, and this is what I feel, and that was just one part, then about 30 minutes in I do pretty much the same sing and dance again
Sr shows engagement, willingness to help	420-433	Se: yeah I think we will need to go to the, when I say it second, revisit it again
		Sr: yeah, yeah let's see what happens at that point
		Se: do you want to go forward to it
		Sr: yeah, can we? Do you know at what point it starts
		Se: yeah, pretty, almost kind of a, I listened to it yesterday,
		Sr: (looks at her watch)

Sr give advice	489-506	<p>Se: I thought that would save some time. There is few things that we can go back as well, because there are some things she said I thought were really good about how she uses the challenging herself....</p> <p>Sr: ehm...so if they made the effort to get here in the end of the day then most of them can cope probably with most of the session</p> <p>Se: hm (nods)</p> <p>Sr: or you put it to them once, you know</p> <p>Se: yeah</p> <p>Sr: acknowledge it once</p> <p>Se: once (speaking at the same time) yeah (slight laugh)</p> <p>Sr: you know you are struggling today.. you know let me know if you feel that you do want to finish a bit early and then let me... you let me know</p> <p>Se: yeah</p>
Humour?teasing??	659-675	<p>Sr: so you put, what you're doing is giving them the responsibility</p> <p>Se: and one more... I can't remember which one was that... but yeah, I can do raisin. Can I bring orange rather than raisin I find that raisin so horrible small (smiles)</p> <p>Sr: (smiles) noo (in a smiley voice) it's a raisin exercise, I have loads of raisins</p> <p>Se: (laughing)</p> <p>Sr: you won't have to buy some for her</p>

Se: I have got loads of raisins as well (still laughing in a slightly mocking, teasing voice)

Sr: wondered if it was worth

Se: yeah, we can do it

Sr: it's just because there is something about her that sort of needs slowing down

1109-1131

Sr: because obviously childcare-wise she struggles to come any other time

Se: I better put that into my diary rather than a piece of paper (slight laugh) so do I just put her as a cancellation today because she has cancelled the session, didn't she

Sr: yeah

Se: right

Sr: yeah, so, all a bit

Se: I repel the clients (laughs) honestly I should stop watching her because

Sr: (laughs)

Se: surely it's my fault (laughs)

Sr: (slight laugh) oh (yawns) I need to pick up some new ones this morning...ehm..

Se: let me know if you do (laughs)

Sr: well, yeah

Se: so I can make you anxious by watching you (laughs)

Sr: I have actually just picked up new one, I was just thinking today, she confirmed but I think it's.... [checking diary] what day am I due to see her, when is the timeslot

1242-1257

Se: (gives pen back to Sr and starts to clean her hands)

Sr: have you got pen all over yourself again

Se: yeah, I know (smiles)

Sr: what are you doing with them (laughs)

Se: it's a, the names, which is a disease, it's the playing with the pens when I get pen all over my hands

Sr: (laughs)

Se: which is a tic almost, I don't know I need to get rid of those

Sr: (laughs)

Se: I just click them on, because I click, click, click them

Sr: right

Se wants to justify
decisions self-
disclosure

673-687

Sr: it's just because there is something about her that sort of needs slowing down

Se: yeah (stressed)

Sr: and with the pain and everything and if we think of the way that mindfulness based CBT has been shown very good, isn't it, very good results for actual people with physical health problems

Se: (nods)

Sr: as well

Se: yeah, but that's why I was thinking about the self-compassionate, because that goes slightly with the mindfulness, the compassion

362-392

Se: why, I think... I think to some degree, because she looked in pain, she really looked worse then ever

Sr: hm

Se: so I think I was reacting to her body language, I think I was trying to convey the message that it's OK to look after herself

Sr: (nods)

Se: but didn't really click with me that actually working in a session is

Sr: (nods)

Se: looking after herself to some degree. I guess because I used to have a really bad back sometimes

Sr: hm

Se: I know what a really bad (stressed) pain can feel like and how it actually

affects the ability to get around a normal life

Sr: hm (nods)

Se: so I guess I was probably empathising a little bit too much...

Sr: (nods)

Se: or almost colluding with her...with the pain, thinking actually I I pretty much know, well I know that everybody has different experience

Sr: hm (nods)

Se: but I know what it is like when the pain is really really bad, how different it is to when the pain, yeah it is there but I can live with it today

Sr: yeah

Collaboration on
problem/intervention

p.17, p20

See pages (too long as a single quote)

Attunement ???

791-796

Sr: yeah (nods) sometimes with those, is whether you can take something what she just said

Se: hm, and just do it

Sr: and actually run through it (speaking at the same time) quickly

999-1005

Sr: you know, it's like if someone says you know I'm thinking of about doing this or

Se: yeah, so how, when

Sr: (speaking at the same time) it's about how, when (smiles) Ok let's get the action going

Se: yeah (laughs)

1743-1749

Sr: I don't know if there is particularly, because they do, they come in all different...

Se: shapes and sizes

Sr: shapes and sizes (speaking at the same time)... really, you know, they are quite different, all psychologists here have got their differences

Se: hm (nods)

Se shares info to
demonstrate work
(not only good work,
even half done
work, bad work

803-815

Se: so we talked about doing, having a think in the morning

Sr: (nods)

Se: ok, this is when I'm not too busy when I will have available time making sure the pad is there for her when she needs it

Sr: yeah

Se: maybe getting a bigger archway, so it's bigger and it can't get lost, but we haven't actually followed that through completely

Sr: hm

Se: and we haven't done it on paper either

Sr acknowledges good work/praise	845-863	<p>Sr: she sounds actually very different to what she first presented as</p> <p>Se: hm , good (slight laugh)</p> <p>Sr: she is, she is calmer,</p> <p>Se: yeah</p> <p>Sr: in how she talks and actually it it flows more</p> <p>Se: better (speaking at the same time),and she really, she really is, because there was one part where is she says I must learn, oh I must , she automatically picks on the must</p> <p>Sr: oh yeah</p> <p>Se: and other one where there was should and have</p> <p>Sr: hm</p> <p>Se: and she rephrased that really nicely saying, OK, no, stop, it would have been more helpful to me if I've done it this way</p> <p>S: hm (nods)</p>
Sr offers reassurance???	972-980	<p>Se: that's a good point I haven't thought about that ... well that's always something we can go back to today</p> <p>Sr: hm...</p> <p>Se: (making notes) thank you (smile)</p> <p>Sr: (smiles) the thing is remember when you listen back to stuff you always hear more than</p>

Se: yeah

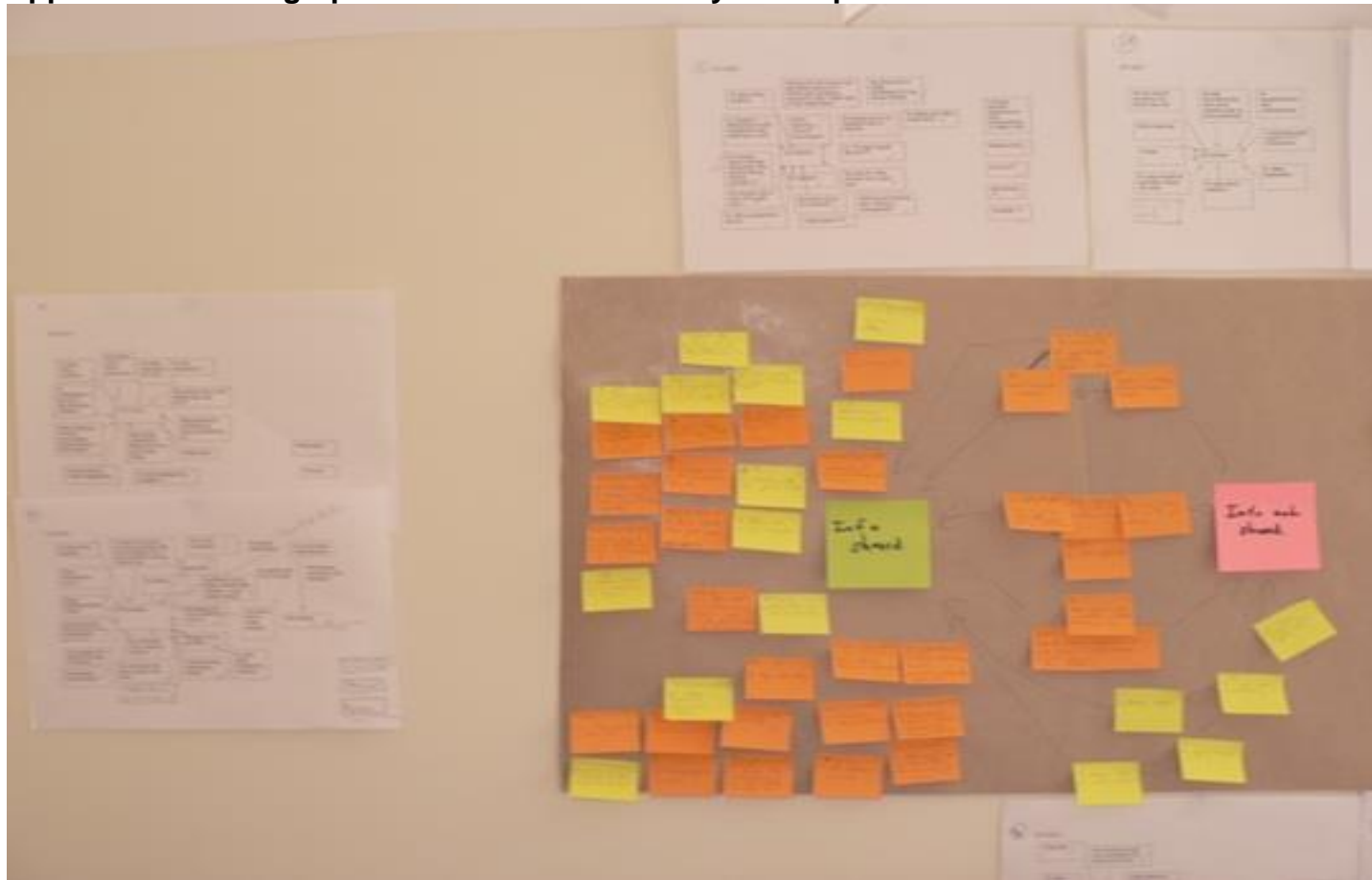
1490-1497 Sr: but... there has got to be a quicker process that happens in sessions
 Se: session (speaking at the same time) yeah
 Sr: obviously yes, you will get more in-tune, being able to do the two things and doing it in the session as well
 Se: yeah

1538-1548 Se: yeah, I know, yeah, that's exactly, I need to be more present in the session
 Sr: it's that, being present
 Se: yeah
 Sr: yeah, so just... thing is it all, all comes with practice
 Se: practice (speaking at the same time), yeah, exactly and I just need to practice more
 Sr: skills, counselling skills, those are basic skills that take time to practice

2107-2114 Se: I was just completely frozen
 Sr: frozen.. yeah
 Se: on a defence and
 Sr: which I don't think you will do this time

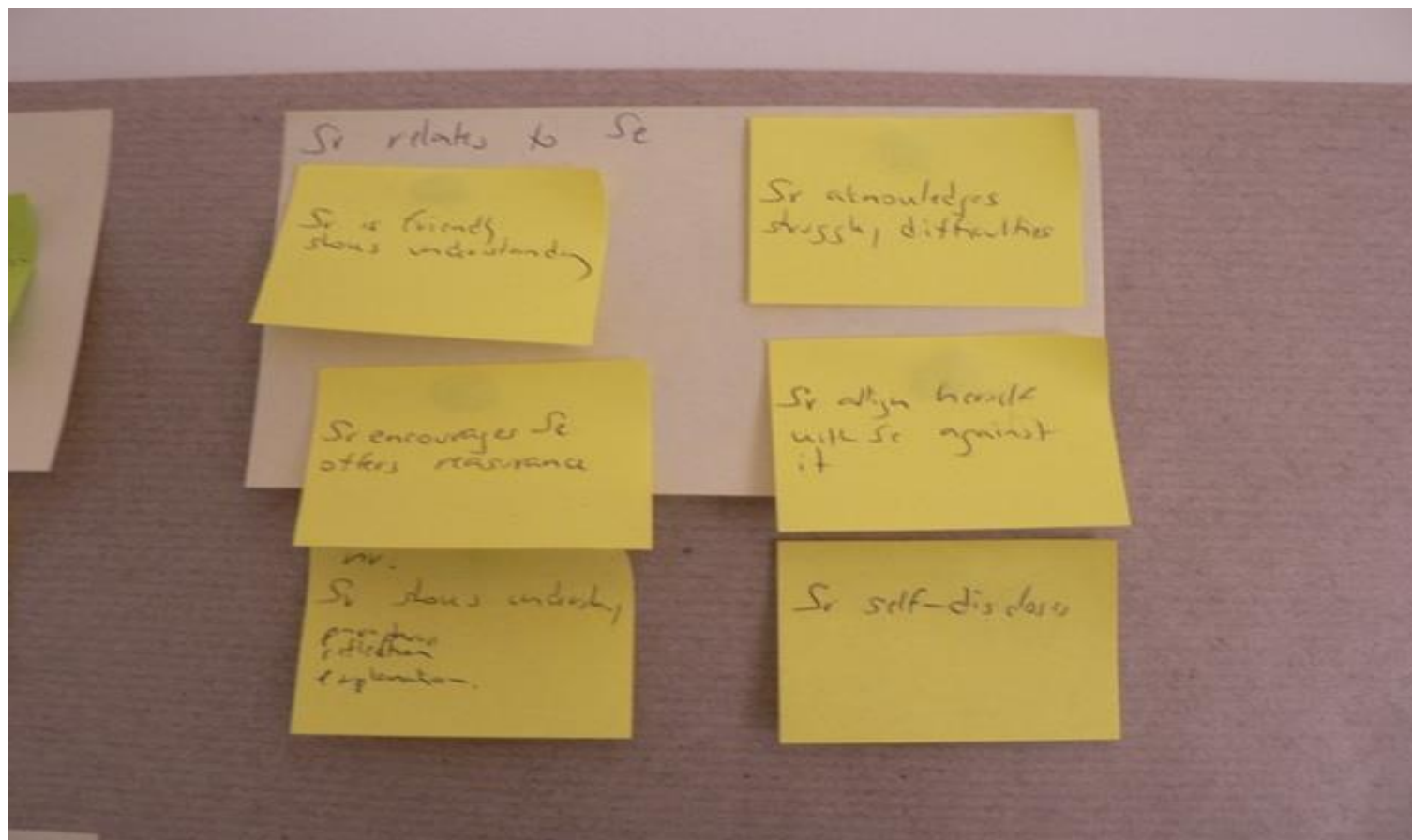
		Se: I don't think so either
		Sr: you are used to that (Sr points at camera)
		Se: yeah
Se shares emotions	1010-1017	Se: yeah, so it's seeing it like activity rather then, because I guess I was so almost shocked myself by what she said
		Sr: oh yeah
		Se: so I was like (big open surprised eyes) well done (stressed) and not actually even thinking taking it any further
Sr reflects back	1893-1991	Sr: because as you said you do, it's only when you come out of the training, that you only then start to...
		Se: really learn (laughs)
		Sr: yeah
		Se: yeah, but honestly, yeah, that's what I see, it's just, this is just to really cram as much information into me
		Se: and think because it's been such a long waiting coming
	1967-1976	Sr: hm (nods)
		Se: I just really (stressed) don't care anymore
		Sr: I would imagine there would be part of that yeah.. of actually yeah
		Se: this was since... January... coming
		Sr: it's a very long time as well to make you wait

Appendix U: Photographic evidence of the theory development



Picture 1. Development of theory

Appendix V: Photographic evidence of collating codes into categories



Picture 2: Collating focused codes into a category



Picture 3. Creating categories